



CLARK SPRING FOOTBALL PRACTICE



May 7-11 & 14-18, 2018

PRACTICE TIME (4:30-6:30PM)

*10 DAYS OF ATTENDANCE IS EXPECTED

-SEE COACH LUGINBILL OR COACH ANDERSON W/ CONFLICTS

ALL INCOMING (2018) 7TH GRADERS & 2018 8TH GRADERS SHOULD ATTEND

ATTIRE: SHORTS + T-SHIRT (NAME WRITTEN ON BACK IS GREAT) + CLEATS

Please fill out the registration form below and **bring to practice Monday May 7th**

Player Name: _____

School previously attended or current school: _____

Parent/Guardian name/s: _____ & _____

Ph#1 (_____) _____ Ph#2(_____) _____

_____ Emergency Contact #1: (_____) _____

Contact Name: _____

Emergency Contact #2: (_____) _____ Contact Name: _____

E-mail for Hudl Account: _____

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with School "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

My son/daughter has permission to participate in the Spring football practice. Should it be necessary for my child to have medical treatment while participating at the camp, and if the camp is unable to contact me, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining medical services for my son/daughter. I also understand that there is an injury risk with participation in sports and release CUSD and camp employees of any liability.

Parent's name: _____

Parent's signature: _____ Date: ____/____/____

VISIT US @ **CLARKFOOTBALL.COM** FOR MORE INFO