

Jourdanton Football Camp

WHO: Incoming 4th thru 9th grade Indians

DATE: July 30st – August 2rd , 2018 (Mon. – Thur.)

TIME: 8:30 – 11:00 AM

PLACE: Football Stadium

FEE: \$40.00

REGISTRATION: Please send your registration form along with \$40 check by July 28th to:

Jourdanton Athletic Dept., C/O: COACH ANDRUS, 200 Zanderson, Jourdanton, TX, 78026

***Make checks payable to Jourdanton I.S.D.**

The camp will last four days. Each camper will receive a snack at the end of each day, and an "Indian Football Camp" T-shirt. Cool water breaks will be provided by the Trainer.

Campers will need to submit the following forms on the first day of camp.

1. Waiver of claims signed by parent. (bottom of this form)
2. Registration form. (please submit as soon as possible)

***Junior High Football Practice starts the first day of school**

***High School Practice starts on August 6th, 2018**

(PLEASE DETACH REGISTRATION FORM AND MAIL WITH CHECK)

FOOTBALL 2018 SUMMER CAMP REGISTRATION FORM

Name: _____ Grade Next Year: _____ YS YM YL/Adult S M L XL XXL
Shirt Size: (circle one)
Home Address: _____ City/Zip: _____
Parent(s) Name: _____ Home: () _____
Work: () _____ Cell: () _____ Doctor's: () _____

Please list any medical concerns if any: _____

WAIVER OF CLAIMS: I, as a parent, guardian, or adult student, hereby give permission for my child/myself to participate in the Jourdanton Indian Football Camp and acknowledge the fact that my child/I am physically able to participate in camp activities. I hereby authorize Jourdanton Independent School District (JISD) and the directors of the Jourdanton Indian Football Camp to act for me according to their best judgment in any emergency requiring medical attention. I also assume any and all other risks associated with participating in football camp, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity. I also understand the risk of my child/myself participating with other children of varied skill levels, abilities and age differences. I acknowledge I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child/myself. I hereby agree to release, discharge and forever hold JISD, its board members, employees, agents, officers, directors, heirs, assigns and legal representatives harmless from any and all claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from my child's/my own participation in UIL and JISD approved sports.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Student: _____ **Date:** _____