

**CAMP SESSION**  
**JUNE 16—JULY 9th**  
**MONDAY THRU Wednesday**  
**9-11am**  
**Any 7<sup>th</sup> and 8<sup>th</sup> Grade Students**

Method of Payment:

- Check Amount: \_\_\_\_\_  
 Visa # \_\_\_\_\_ exp. \_\_\_\_\_  
 Mastercard # \_\_\_\_\_ exp. \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

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Placer Adult School Use Only Course Code: \_\_\_\_\_ Date Registered: \_\_\_\_\_  
Participants Name: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_  
(H) Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Any Medical Conditions that we should be aware of: \_\_\_\_\_

All students participating in summer sports programs must have their own health insurance or be covered by student accident insurance. Student accident insurance forms are available in the school office. The student will be covered for one year from the time of purchase of insurance. To be covered during the summer programs, you must purchase either 24 hour or football coverage insurance.

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Group No: \_\_\_\_\_ Member No: \_\_\_\_\_  
Policy in the Name of: \_\_\_\_\_

**OR -**  
We have enrolled the above named student for the following coverage offered by Myers Stevens & Co., Inc.  
Coverage: \_\_\_\_\_ Issued: \_\_\_\_\_

**PLEASE READ INFORMATION CONSENT AND RELEASE AUTHORIZATION**

I, the parent/ guardian of the child whose name appears above, hereby authorization my child to participate in the program listed above. I agree to indemnify and hold harmless the PUHSD staff, PUHSD High Schools, their employees, students and volunteers from and against all liability for injury, accident or damages which may result from his /her participation in the above mentioned activity. I also agree that the PUHSD Staff may act as best fits the situation in case of emergency, illness or injury, if efforts to contact myself or other emergency persons fail.

**I HAVE READ AND UNDERSTAND THIS RELEASE FORM AND UNDERSTAND THAT MY CHILD'S PARTICIPATION IS PURELY OPTIONAL AND NOT A MANDATORY SCHOOL ACTIVITY.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Camp Sessions**

**Cost: \$50**

**Cost includes a T-shirt**

**Three Days a week of weight  
training, and introduction into  
Offensive and Defensive  
Schemes and techniques of  
Placer Football**

**Please send checks to 275 Orange Street Auburn, CA. 95603**

**Make checks payable to Placer Football**

**Attention Teri Bequette (ASB secretary)**