

CAMP SESSION
JUNE 16—JULY 9th
MONDAY THRU Wednesday
9-11am
Any 7th and 8th 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)