



Placer Hillmen Summer Fun Football Camp

\$100.00

- Camp T-Shirt
- Camp Music CD
- Hillmen Highlight DVD

- “Fun First” Coaching
- Football Skills taught by PHS coaches
- Passing, Running, Catching!!
- Character focused

- Flag Football Games
- End of Camp Pizza / Gatorade party

**Make checks out to:
Placer Football**

Send Permission slips and checks to:

Attn: Teri Bequette
275 Orange St.
Auburn, Ca 95603

For More info see our website:
www.placerfootball.org

**Attention!! Kids entering grade 3rd-8th
Girls and Boys Football Skills Clinic
June 20th-25th, 10am -1230pm
Placer Football Field.
~ Fill Out Permission Slip Below ~**

Participants Name: _____ Grade Next Fall: ____ Youth Shirt Size _____

(H) Phone: _____ Address: _____

Parent's Email: _____

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 _____

Cost = \$100 Check Amount: _____ Authorized Signature: _____