

9th GRADE PATRIOT FOOTBALL CAMP



May 29 - June 1, 2018 6:00 - 8:00pm

FOR THE MOST UPDATED
INFORMATION AND SCHEDULES GO TO OUR FOOTBALL WEBSITE AT
gocentennialfootball.com

ATHLETE NAME: _____ FALL GRADE: _____ BIRTHDATE: ___/___/___

AGE: _____ HT: _____ WT: _____ T-Shirt Size: _____

PARENT(GUARDIAN) _____ CELL PHONE: _____

HOME PHONE: _____

PARENT (GUARDIAN) _____ CELL PHONE: _____

HOME PHONE: _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE: _____

PARENT EMAIL _____

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED NOTIFY:

NAME _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

THE ABOVE NAMED CAMP MEMBER IS COVERED UNDER THE FOLLOWING MEDICAL INSUR- ANCE:

INSURANCE CO. _____ POLICY NUM-

BER _____

THE TEAM PHYSICIAN, TRAINER AND COACHING STAFF MAY APPLY FIRST AID UNTIL THE FAMILY DOCTOR, PARENT OR
GUARDIAN CAN BE CONTACTED? YES _____ NO _____

WE GIVE OUR CONSENT FOR COACHES, TRAINERS AND TEAM PHYSICIAN TO USE THEIR OWN BEST JUDGMENT IN SECURING MEDICAL
AID AND AMBULANCE SERVICE IN CASE THE PARENTS CANNOT BE REACHED. YES _____ NO _____

I HEREBY AUTHORIZE THE COACHES, TRAINERS AND TEAM PHYSICIAN TO ACT FOR ME IN CASE OF AN EMERGENCY AND
RELEASE THE CAMP AND ALL STAFF MEMBERS FROM ANY AND ALL LIABILITY DUE TO INJURIES OR ILLNESS INCURRED WHILE AT THE
CAMP OR OTHER RELATED FUNCTIONS. YES _____ NO _____

DATES, TIMES, INSURANCE AND REGISTRATION

FRESHMEN FOOTBALL CAMP

Athletes entering 9th grade
May 29th & May 30th @ CHS 6-8pm
May 31st & June 1st @ Rocky Mtn HS 6-8pm
Games w/ other Treasure Valley Schools

INSURANCE:

Each member of the football camp is responsible for their own medical insurance. In addition to your personal insurance your athlete will be covered by a catastrophic insurance policy provided by CHS Football.

REGISTRATION & FEE:

COST OF CAMP IS \$125

Completed Registration Form w/ check payable and sent to:

PATRIOT FOOTBALL CAMP
12400 W McMILLAN RD
BOISE, IDAHO 83713

**May also pay Bookkeeper @ Centennial HS
or online at www.myschoolfees.com

FOOTBALL GEAR:

Equipment provided - Helmet, Shoulder Pads, Pants and Jersey

Equipment not provided - 5 Pad Girdle, Football Cleats and Mouthpiece

EQUIPMENT CHECK OUT:

May 24th @ CHS in the football stadium parking lot from 5:30-7:00pm

ALL PARTICIPANTS WILL RECEIVE A CAMP T-SHIRT

REGISTRATION AND FEES DUE BY MAY 4th

IF YOU HAVE ANY QUESTIONS
CONTACT COACH DAVID KOCH
EMAIL: koch.david@westada.org



PATRIOT PRIDE

NOTICE OF RISK FOR ATHLETE

We give our permission for _____ to participate in organized athletics, realizing that such activity involves the potential for injury which is inherent in all sports, we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

We the undersigned, understand the dangers of practicing, playing and participating in sports, we also recognize the importance of following instructions of following instructions given by the coaching staff regarding playing techniques, training and of obeying team rules. We specifically acknowledge we have carefully read and understand this notice of risk for athletes.

ATHLETE SIGNATURE _____

DATE _____

PARENT (GUARDIAN) SIGNATURE _____

DATE _____

PATRIOT FOOTBALL CAMP FEE **\$125**