

DATES, TIMES, INSURANCE AND REGISTRATION

FRESHMEN FOOTBALL CAMP

Athletes entering 9th grade

May 28th & 29th @ Centennial HS 5:30-7:30pm

May 30th & 31st @ Rocky Mtn HS 5:30-7:30pm

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 Centennial High School 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**

****You may also pay Bookkeeper @ CHS**

**IF YOU HAVE ANY QUESTIONS CONTACT
COACH CHARLIE RUFF**

PHONE: 855-4250

EMAIL: ruff.charles@westada.org

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 after Spring Practice
from 6:00-7:00pm

**ALL CAMPERS WILL RECEIVE A
CAMP T-SHIRT AND SHORTS
REGISTRATION AND FEES DUE
NO LATER THAN MAY 15th**



PATRIOT PRIDE

NOTICE OF RISK FOR ATHLETE

We give our permission for our son 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

REGISTRATION DUE MAY 15th

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 INSURANCE:
 INSURANCE CO. _____ POLICY NUMBER _____
 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 _____
 I UNDERSTAND THAT CENTENNIAL HIGH SCHOOL AND PATRIOT FOOTBALL CAMP ARE NOT RESPONSIBLE FOR PROVIDING TRANS-
 PORTATION TO AND FROM EVENTS. YES _____ NO _____

SUMMER CALENDAR

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



CENTENNIAL FOOTBALL

9th GRADE PATRIOT FOOTBALL CAMP



FOOTBALL

May 28 - 31, 2019
5:30 - 7:30pm