

ATT
No. 100

Pickford
Football Skills Camp
Date: June 27th thru June 29th
Time: 6:00 pm-8:00 pm
Grades: 7th-12th

Camp Includes:

- **Fundamentals of Football**
- **Skill Testing**
- **Individual/Team Skills and Concepts of Football**
- **Camp T-Shirt**

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- **Cost: \$20.00**

Registration Form

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Grade as of 9/16: _____ **Age:** _____

Parents' Name: _____

Emergency Phone: _____

I hereby grant permission for my child to attend the Pickford football skills camp, and verify that my child has received a physical examination within the past year and is physically capable of participating in all activities related to this camp. In case of an emergency, I hereby authorize the Pickford football camp staff to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp and/or its agents or employees from any and all liability for injury or illness to my child as well as injury or damage caused by my child while at the camp.

Signature of Parent or legal Guardian (if athlete is under 18) _____