

## 2021 JR Oly's Football Camp Schedule

**Camp Dates:** August 10th & 11th  
**Location:** Sprague High School  
**Time:** 5:30-7:00 PM  
**Cost:** \$20 suggested donation

All students pre registered with Sprague Youth Football are FREE!!!

**Equipment:** Cleats/Tennis shoes and athletic wear  
**Age:** All students entering the 3rd-8th grade during the 2021-22 school year

## Camp Game Plan

The JR Oly's Football Camp is designed to let kids experience a day in the life of a high school football player. We will take athletes through basic fundamental drills essential to the game as well as teaching basic offensive and defensive techniques and plays along with various competitive games.

Sprague Youth Football coaches will also use this camp as part of the evaluation process for team selection.



## Camp Registration

Please Complete Entire Application

Campers Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

T-Shirt Size (Circle One) YM YL S M L XL  
XXL

Please bring forms on the 5th!!



## WAIVER OF LIABILITY & ASSUMPTION OF RISK

*I hereby authorize the directors of the Sprague Football Camp to act for me according to their judgment in any emergency medical situation. I hereby waive and release the Sprague Football Camp and the coaches of the camp from any liability for injuries that might occur at the camp. I know of no mental or physical problems which will affect my child's ability to safely participate fully in the camp. I will be responsible for any medical or other charges in connection with my child's attendance at camp.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE AUTHORIZATION: EMERGENCY TREATMENT

*I understand that I am required to maintain and carry accidental medical insurance coverage for the child listed on this application and I verify that the coverage information attached herewith is accurate and true. In case of emergency and I cannot be reached, I authorize the staff of Sprague Football to obtain whatever medical treatment is necessary for the welfare of the child listed on this application. All charges and fees incurred in the rendering of this treatment is my responsibility. I am the parent/guardian of the*  
 Minor \_\_\_\_\_ And I am signing this release on their behalf.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_