

2018 MARSHALL CO. ELEMENTARY FOOTBALL CAMP

When: Saturday, April 21 8:30 am -11 am
Monday, April 23 5:30-7:30
Tuesday, April 24 5:30-7:30

Where: Marshall County High School Football Fields

Who: Current K thru 5th Graders

Return: Please return completed forms and payments by April 13 to your child's school or mail to:

Marshall County High School c/o Evan Merrick, 416 High School Road, Benton, KY 42025

Walk-up registration will be held at 8:00am on Saturday, April 21 at MCHS.

Camp participants will be taught the fundamentals of every football position with the ability to specialize in the position of their choice. Players will also participate in individual competitions and team activities.

All activities will be performed in a learning environment and each child will be encouraged to achieve at their highest level, while being taught by the Marshall County High School Coaches and players.

**INFORMATION AND EARLY SIGNUPS FOR FALL LITTLE LEAGUE WILL ALSO BE AVAILABLE AT CAMP*

Registration Form

Please complete the registration and medical information below. You may duplicate this form as needed. Mail this form along with your payment to:
Marshall County High School c/o Evan Merrick, 416 High School Road, Benton, KY 42025

For more information call: 270-527-1453 or email evan.merrick@marshall.kyschools.us

Name: _____ DOB _____ / _____ / _____ Grade (current): _____
Address: _____ City: _____ State: _____
ZIP: _____ Home phone: _____ Email: _____
School you attend: _____

T-shirt size (Circle one) Child: S M L Adult Shirt Size (Circle one) S M L XL XXL XXXL

\$50 per player, \$90 for 2 siblings, \$135 for 3 siblings

Pay by Cash or Check

Make checks payable to: Marshall Co Football Camp

Medical Release Information

Camper **WILL NOT** be allowed to participate *in the camp until this form is complete.*

Name of camper: _____ Date: _____
Allergies to medicine? If yes, list _____

Any conditions that physicians should be made aware of: _____

Emergency numbers: _____

Father's Name / Guardian: _____ Work phone: _____ Cell phone: _____

Mother's Name / Guardian: _____ Work phone: _____ Cell phone: _____

Emergency Contact: _____ Phone: _____

I hereby authorize any medical treatment and transportation deemed necessary to receive that treatment which may be advised or recommended by an attending physician for _____ (*name of camper*) while at the Marshall County Football Camp. I also authorize the said camper to participate in the activities of the camp, to include the specific sport activities and recreational activities conducted at the camp. I understand that the camper will engage in physical activities during the program, which contain an inherent risk of physical injury, and I assume the risk, and release Marshall County Football Camp, and any agents of Marshall County High School from any and all liability for personal injury arising out of the campers participation in the camp program. I also understand that the camper is responsible for all personal belongings and equipment. Marshall County Football Camp will not replace or reimburse lost or stolen items.

Signed: _____ Insurance Company: _____

Policy #: _____