



# TRICKEY QUARTERBACK "Igniter Workout"



**February 6, 2012**

4-8<sup>th</sup> Grade  
9-12<sup>th</sup> Grade

6:00 Pm –7:30 Pm  
7:30 Pm – 9:30 pm

COST: \$25.00

Where: University of Iowa Recreation Building  
Make checks payable to: Jeff Trickey Quarterback Camp

## BRING YOUR OWN FOOTBALL

Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Grade in School Next Fall: \_\_\_\_\_

My son has my permission to attend the JEFF TRICKEY QB CAMP. I certify that within the past two years, he has had a physical examination and that now, he is physically able to participate in football camp activities without restriction. In the event of an illness or injury, I give my consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my son's attendance in camp.

I acknowledge that at the JEFF TRICKEY QB CAMP my son will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground, and that at the JEFF TRICKEY QB CAMP, he may incur a risk of injury. I specifically waive, give up and release the JEFF TRICKEY QB CAMP and staff from liability for any claim for damages which I or my son may have for injuries or illness that he may sustain at camp.

Athlete's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**NO PLAYER WILL BE ACCEPTED WITHOUT PARENTAL APPROVAL  
TRICKEY'S CAMPS FILL UP FAST... PLEASE REGISTER EARLY**

**Mail form to: Rodney Walls ~ PO Box 175 ~ Tiffin IA 52340**

**Email: [coachxyz@southslope.net](mailto:coachxyz@southslope.net)**

**319-330-2827**

**Clear Creek Amana will be hosting Jeff Trickey this summer in Tiffin June 9 AND 10 2012**