

2015 FOOTBALL SUMMER CAMP REGISTRATION FORM

Please return this form along with a check to the SKHS ASB Office

Incoming Grade (school year 2015-16): K – 6th Grade

Dates: July 27 - 28 Time: 6 - 7:30 pm

Location: SKHS Football Field

Cost: \$40 includes Camp T-Shirt

Incoming Grade (school year 2015-16): 7th – 8th Grade

Dates: July 29 - 30Time: 6 - 7:30 pm

Location: SKHS Football Field

Cost: \$40 includes Camp T-Shirt

PLEASE PRINT CLEARLY

Name			Phone					
Address								
City			_Zip			Sex	Age	
What grade will student	be in for t	the 201	5/16 scl	hool y	ear? _			
Date of last physical								
T-Shirt Size (circle one)	YS YN	И YL	YXL	AS	AM	AL		
I realize there is a certain degree of minimize such danger through propagation may suffer while taking part in the part of the part of the part of your own or would like to suffer dental coverage is available for a full we have adequate medical insur	per coaching a program. all students pa supplement you all year.	and training articipating ur own cov	techniques	s. I acco	ept full res rams. Ins vary depe	sponsibility for the courance is available	ost of treatment for any injury wh	ich he/she t have a
Insurance Compan	•	e, which w	ill be kept	in force	•	Number the summer of 20	15.	
Insurance Company			Policy Number					
I hereby grant permission for my so	on/daughter to	participate	in the abov	ve activit	ties for the	summer of 2015.		
Emergency Contact Person (s):	Phone #:							
Parent/Guardian Signature						Date		
Student/Athlete Name						Date		