



# 2018 Spring Youth Football Camp

**June 6-7**

**6:00pm – 7:15pm**

**Grades: K – 7<sup>th</sup>**

Presented by: Coach Bumpus and the

MHS Football Team!

**\*\*This is a fundraiser for the football program\*\***

**Youth players will enjoy a fun and interactive skills and drills football camp with the legendary MHS Bearcats!**

**This non-padded camp is designed to enhance skill specific offensive and defensive fundamentals, along with sound techniques and skills related to specific positions. MHS Football players and coaches will provide instruction in a fun and relaxed atmosphere.**

**Your camper will also get a limited-edition t-shirt and snack.**

**Please register early and remember to bring cleats and appropriate football attire.**

**Cost: \$50.00**

**Location: Monroe High School Football Field**

To reserve your spot and make sure we have the correct t-shirt size, Mail completed registration form along with payment to:

**Monroe High School**

**Attn- Michael Bumpus**

**17001 Tester Rd, Monroe WA 98272**

Checks should be made payable to **MHS Football**

**\*\*\*Deadline for pre-registration is May 15th!**

\*A confirmation email will be sent once registration with payment is received\*  
Registration Form is on the reverse

## Spring Youth Football Camp Registration

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

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

T-Shirt Size (circle one): Youth M Youth L Adult S Adult M Adult L

### Participant Waiver and Release

I am fully aware of the special dangers and risks inherent in the activity, including physical injury, death or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the above described activity, I hereby assume all risks of injury or liability and waive any right of recovery from or to bring suit against Monroe School District and its affiliates including camp organizers, sponsors, supervisors, coaches and other participants for any personal injury, death or other consequences arising out of the participation in the activity. As the parent or guardian of the above applicant, I give my permission for any emergency treatment necessary at any camp facility. I authorize any hospital, emergency medical facility, and/or physician to perform emergency treatment for any injuries resulting from any Spring Youth Football Camp activity.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_