



ATLEE HIGH SCHOOL

2019

YOUTH FOOTBALL CAMP

RISING 1ST – 8TH GRADERS

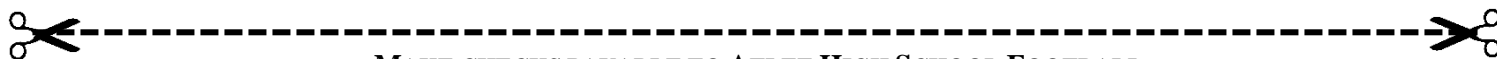


| | |
|---|---|
| <p><u>JUNE SESSION 1</u> MONDAY, JUNE 17TH – FRIDAY, JUNE 21ST 9:30 A.M. – 12:00 NOON EACH DAY AT ATLEE HIGH SCHOOL ATHLETIC COMPLEX \$100 PER SESSION</p> | <p><u>JULY SESSION 2</u> MONDAY, JULY 15TH – FRIDAY, JULY 19TH 9:30 A.M. – 12:00 NOON EACH DAY AT ATLEE HIGH SCHOOL ATHLETIC COMPLEX \$100 PER SESSION</p> |
|---|---|

FOR MORE DETAIL AND TO REGISTER ONLINE

WWW.ATLEEFootballCamps.com

CAMPERS WILL GET TO TAKE THE FIELD WITH THE TEAM ON A FRIDAY NIGHT!



MAKE CHECKS PAYABLE TO ATLEE HIGH SCHOOL FOOTBALL
 MAIL CHECK AND REGISTRATIONS TO
 ATLEE FOOTBALL CAMPS 9414 ATLEE STATION RD MECHANICSVILLE, VA 23116

NAME: _____

YEAR IN SCHOOL (2019-20) 1ST 2ND 3RD 4TH 5TH 6TH 7TH 8TH SCHOOL NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE (____) _____ E-MAIL _____

T-SHIRT SIZE XXL XL L M S CHECK SESSION ATTENDING: SESSION 1 ___ SESSION 2 ___

MEDICAL RELEASE

I, hereby authorize and consent to the use of my child's visual image by ATLEE FOOTBALL CAMPS for appropriate purposes, including but not limited to: still photography, video, electronic and print publications, and web sites.

I certify that the named Camper is physically fit for playing football and other related activities and has my permission to participate in the camp program. In case of emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I authorize the Atlee Football Camp Staff to perform immediate medical care, which includes but not limited to the referral of other appropriate health care professionals for injury/illness that may occur while my child is participating in camp activities. Any expense incurred from such injury is the responsibility of the person signing below. I understand that the Atlee Football Camp does not provide medical insurance and that my son / daughter is insured on a medical policy with:

 Print Name of Camper

 Insurance Company's Name

 Policy # / Group #

Please list below any medications currently being taken or any allergies and / or medical conditions that might restrict this individual from participating in any camp activities:

 Parent / Guardian Signature and Date
 SIGNATURE _____ DATE _____