

SUMMER FOOTBALL CAMP

July 8th - July 12th, 2019

Who: 2019 7th & 8th Grade Players

Location: CHS Freshman field

Time: 9:00 a.m. – 11:00 a.m.

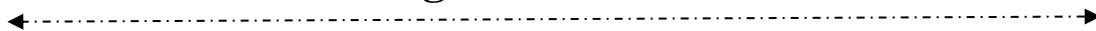
Cost: \$25.00

8th Grade Coach (email) – jeremyluginbill@cusd.com

7th Grade Coach (email) – jasonanderson@cusd.com

**Pre-registration forms & fee can be sent to
Clark Intermediate 902 5th St. Clovis 93612 (Attn: Bobby Mammen)**

Please fill out registration form below and return



2019 SUMMER FOOTBALL CAMP PRE-REGISTRATION FORM

Student's name _____

School previously attended _____

Parent's name _____

Address _____

Home Ph# _____ Work Ph# _____ Cell ph# _____

Emergency Contact _____ E-mail- _____

If the player attended **Spring Practice**, all we need filled out is Student's name, Parent's name, & Parent's signature
*update form **ONLY** if information has changed

Please make checks payable to CLOVIS UNIFIED SCHOOL DISTRICT.

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with School "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

My son/daughter has permission to participate in the Summer football camp. Should it be necessary for my child to have medical treatment while participating at the camp, and if the camp is unable to contact me, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining medical services for my son/daughter. I also understand that there is an injury risk with participation in sports and release CUSD and camp employees of any liability.

Parent's signature _____

Print Parent's name _____