

2008 Brown County H.S. Football Camp



WHO: Students entering 9th – 12th grades

WHEN: Weeks of July 14 –18 and July 21-25

TIME: 6:00 – 8:00 pm

WHERE: High School Practice Field

COST: \$35 (Checks should be made to Brown County Football)

Camper's Name _____

Parent Release and Indemnity Agreement

To: Brown County School District

We (I) hereby, request that you accept this application for enrollment of

Athletes Name: _____

In the Brown County High School Football camp during the dates set forth in this application, and in consideration of the grant of permissions, we (I) hereby release Brown County School District and its employees from all claims on account of any injuries which may be sustained by our (my) son as a result of any such injuries. Furthermore, we (I) certify that within the past year our (my) son has had a physical examination and is physically able to participate in camp activities.

Family Health Insurance Co. _____

Policy Number _____

Parents Signature: _____

Phone # _____ Emergency # _____

T-Shirt Size _____ Short Size _____