

# 2017

# South Sound FOOTBALL CAMP

June 26<sup>th</sup> - 28<sup>th</sup>

@  
Fife High School Fields

**60 dollars a  
player**

**Fife High School**  
5616 20<sup>th</sup> Street East  
Fife, WA 98424

.....  
Detach here and return this form to **SOUTH SOUND FOOTBALL CAMP**

**REGISTRATION FORM**

Campers Name \_\_\_\_\_ Age \_\_\_\_\_ Team \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

I hereby authorize the applicant to attend SOUTH SOUND FOOTBALL CAMP and waive and release **SOUTH SOUND FOOTBALL CAMP**, Fife High School, the Fife School District, and any of their representatives and / or assignees, from any and all liabilities, injuries, claims, suits or damages which might result from participation in this activity. I know of no medical or physical problems which may affect the camper's ability to safely participate in this camp. I authorize the directors of this camp to act for me in any medical emergency according to their best judgment. In the event of illness or injury, I hereby give my consent for medical treatment and assume full responsibility for any medical expenses.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone \_\_\_\_\_

Coaching staffs are responsible for bringing plavers medical/emergency cards

Enclosed is \$ 60 (check or money order) for my deposit:  
Please make checks payable to:  
**Fife High School WRHS**  
**5616 20<sup>th</sup> Street East**  
**Fife, WA 98424**  
*Return to the ASB office!*