RICHLAND BOMBER
2012 YOUTH FOOTBALL CAMP
FOR FOOTBALL PLAYERS ENTERING GRADES 3-8

Location: Richland High School Practice Fields at Carmichael Middle School
Dates: June 26th-28th
Time: 5:00-6:30 PM
Camp Cost: $40.00

REGISTRATION INFORMATION
Registration and payment can be brought to camp or sent by mail to Richland High School:

Richland Bomber Youth Camp
Richland High School
Attn: Coach Mike Neidhold
930 Long Ave.
Richland, WA 99352

Payment must be in the form of a personal check, money order, or cashier’s check made out to the
“Richland Bomber Boosters.”
[NO CASH WILL BE ACCEPTED]

Participants are coached by the Richland Football Staff and Players.
Camp Participants Will Be Grouped By Age And Ability
Richland Youth Football Teams Are Welcome To Attend As A Team
Individual Instruction And Fundamental Skill Development By Position
Group And Team Completion On Offense And Defense
Parents And Youth Football Coaches Are Invited To Attend

THIS IS A NON-CONTACT CAMP. PARTICIPANTS ARE ONLY REQUIRED TO WEAR WORKOUT CLOTHES [SHORTS AND A T-SHIRT] AND FOOTBALL CLEATS!!

If you have any questions about the Bomber Football Youth Football Camp, please contact Coach Neidhold at mike.neidhold@rsd.edu or at the following phone numbers:
RHS: 967.6535
Cell: 438.2697
Home: 375.0995
RICHLAND BOMBER YOUTH FOOTBALL CAMP
REGISTRATION FORM

NAME ____________________________________________________________ GRADE IN FALL: __________________

PARENT(S) NAME ____________________________________________________

ADDRESS _____________________________________________________________

HOME PHONE __________________ WORK PHONE: __________________ CELL __________________

EMERGENCY CONTACT ___________________________________ EMERGENCY PHONE ________________________

T-SHIRT SIZE: YM YL YXL S M L XL

INSURANCE INFORMATION

Participants are required to have health insurance coverage for injury and/or accident to enroll the Richland Bomber Youth Football Camp.

I verify that [participant] ____________________________ has medical insurance with:

Company Name ___________________________________ Policy Number _______________________________

Which effectively covers any medical cost incurred as a result of participation in the Richland Bomber Youth Football Camp? I authorize the Richland Bomber Football Staff to seek any necessary emergency medical treatment my child may need during the course of the Camp.

As the parent/legal guardian of __________________________________________________

I acknowledge the potential risk of injury related to physical activity associated with participation in the Richland Bomber Football Youth Camp and assume all risks and hazards incidental to the conduct of the camp activities.

Parent/Guardian Signature ____________________________ Date __________________
