HANFORD FALCON

YOUTH FOOTBALL CAMP

FOR FOOTBALL PLAYERS ENTERING GRADES 4-8

Location: HANFORD HIGH SCHOOL
          FOOTBALL PRACTICE.Fields

Dates:    JULY 28 – 31

Time:     6:30 – 8:00 PM

Camp Cost: $25.00

REGISTRATION INFORMATION

- Registration and payment can be delivered or sent by mail to Hanford High School:
  Falcon Youth Football Camp
  Hanford High School
  450 Hanford Street
  Richland, WA 99354

- Payment must be in the form of a personal check, money order, or cashiers check made out
to Richland School District – no cash will be accepted.

- Participants Coached by the Hanford Football Staff and Players
- Strong Emphasis placed on Safety – Constant Supervision
- Participants organized according to Age and Ability
- Individual Instruction of Fundamental Skills by Position
- Group / Team Competitions on Offense and Defense
- Parents / Youth Football Coaches invited to attend Camp
- This is a ‘non-contact’ camp – participants are only required to
  wear work-out clothes (shorts and T-shirt) and football cleats!

- If there are questions or concerns with regard to any aspect of the Hanford Falcon Youth
  Football Camp, please contact Coach Oram at rob.oram@rsd.edu
2014 HANFORD FALCON YOUTH FOOTBALL CAMP

REGISTRATION FORM

Participant’s Name: ______________________________________________________ Grade: ________

Parent(s) Name: ___________________________________________________________________________

Address: __________________________________________ City: ___________________ Zip: ________

Home Phone: __________________ Work Phone: ________________ Cell Phone: ________________

Email: ______________________________________________________________________________________

Physician: ___________________________________________ Physician Phone: ________________

Emergency Contact: ____________________________ Emergency Phone: ________________

Camp T-Shirt Size: YM YL YXL S M L

INSURANCE INFORMATION

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

I verify that _________________________________ has medical insurance with:

(Participant)

___________________________ (Insurance Company) __________________________ (Policy Number)

which effectively covers any medical cost incurred as a result of participation in the 2014 Hanford Falcon Youth Football Camp. Furthermore, I authorize the Hanford High School staff to seek any necessary emergency medical treatment my child may need during the course of the Camp.

As the parent / legal guardian of ________________________________

(Participant)

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

_________________________________________ ____________________________

(Parent/Guardian Signature) (Participant Signature)