

HANFORD FALCON YOUTH FOOTBALL CAMP

FOR FOOTBALL PLAYERS ENTERING GRADES 4-8



<i>Location:</i>	HANFORD HIGH SCHOOL FOOTBALL PRACTICE FIELDS
<i>Dates:</i>	JUNE 23 – 26
<i>Time:</i>	6:30 – 8:00 PM
<i>Camp Cost:</i>	\$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
Attn: Coach Oram
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** or **967-6500**.



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REGISTRATION FORM



Participant's Name: _____ Grade: _____

Parent(s) Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Physician: _____ Physician Phone: _____

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 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)