

2010



JUNIOR JACKET CAMP

Grades: Incoming 3rd – 6th Grade

JULY 26TH-JULY 29TH

Yellow Jacket Campers Need To Provide

- Shoes-Cleats if possible
- Shorts
- Shirt
- Water Bottles (optional)
- Towel
- Good Attitude

Camp Completion

- Campers Will Receive:
Camp T-Shirt
Camp Certificate

-----Return This Portion for Registration-----

T-Shirt Size: Youth: Small, Medium, Large, XL, Adult: Small, Medium, Large, XL, XXL

EMERGENCY INFORMATION

Campers Full Name: _____ Grade: _____ SS#: _____ Age: _____ DOB: _____

Home Phone: _____ Address: _____

Father's Name: _____ Work #: _____ Mother's Name: _____ Work #: _____

Family Doctor's Name: _____ Ph. #: _____ Known Allergies: _____

Known Medical Conditions: _____ List All Medications: _____

Insured's Name: _____ Insured's SS#: _____ Ins. Co.: _____ Ins. Co.: _____
Address: _____ Ins. Co. Phone: _____ Group #: _____ Pol. #: _____

Parent's or Guardian Signature

Date

Yellow Jacket Camp Registration

- Pre-registration (discount \$5)
\$30 until last day of school.

Includes 4 days of camp instruction, t-shirt, and a certificate.

- On Site Registration
\$35 July 26, 2010
8:30am to 9:30am.
- Camp Hours: 8:30 – 10:30

Location of Camp

- Galena Park Football Fieldhouse
- Corner of Keene and 7th



Camp Features

- Individual Drills
- Team Drills
- All Position Instruction
- Individual Competition
- Team Competition-Fun

All Campers Receive

- Yellow Jacket Camp T-Shirt
- Yellow Jacket Certificate
- Football Fundamentals
- Proper Running Instruction
- Drinks and Treats

I, the undersigned parent/legal guardian of

authorize said child's participation in the Galena Park High School football camp. It is my understanding that participation in the activities that make up the GPHS camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the GPHS football camp, I hereby release, waive, discharge and covenant not to sue the camp, coaches, athletic department, the Galena Park Independent School District or any of its representatives from any and all liability, claims, demands for possible injury that may be sustained and suffered by my child with their association with or entry into this camp.

If, in the judgment of any representative of the school, the above student, needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians and personnel to share information concerning medical diagnosis and treatment for your child.

By signing below I also understand that the school insurance does not cover participation in activities that are held in the summer. Galena Park Independent School District and any of its representatives will not be responsible for the handling or payment of medical bills that arise from participation in the GPHS football camp.

Parent/Guardian Signature

Date