**BELT MIDDLE SCHOOL FOOTBALL**

**2019 MIDDLE SCHOOL MINI CAMP**

**July 22nd – 24th**

The 2019 Belt Middle School Football Mini Camp will be held from July 22nd through July 24th. The camp will take place at the Belt Football Complex and will be begin at 6:00pm. The camp will be open to students who will be in grades 6-8 for the 2019-2020 school year. The camp will be conducted by the Belt Football Coaching Staff under the direction of Tim Lords. If you have any questions or concerns you may reach Coach Graham at 439-3058 or Coach Lords at 899-6736.

**Time:** 5:30-7:30pm

**Fee:** $20 (includes T-Shirt)

***Please make checks payable to HUSKY FOOTBALL***.

**Equipment Needs:** T-shirt, shorts, cleats

***KEEP THIS TOP PART FOR YOUR RECORDS***

***Please detach & return the bottom part of this letter after filling out.***

**Player’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size**: \_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian (Please Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand by the nature of the activity there is a possibility of an accident

and I assume the risk and responsibility while attending the Belt Football Mini Camp of 2019. I hereby release Belt Schools, Belt Football Mini Camp, and its employees from all claims because of any injuries which may be sustained by my student while he/she is attending the 2019 Belt Football Mini Camp. I, as Parent/Guardian of a minor student, permit emergency care to be administered to him as deemed necessary by the Belt Football Coaching Staff. I hereby give my consent for medical treatment and I give permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery.

**Signature of Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_