



-FREE-

Hawks Football Skill Minicamp

Want to learn how to pass, punt, and play football?

At Hawks Mini Football Camp, CPHS coaches and players will provide elementary students, grades K to 5, with an intro to basic football skills through fun and energetic activities. Snacks and water will be provided! We will have a drawing for one lucky camper to be our special Team Helper during one of our upcoming 2019 home football games. Sign up now to reserve your spot!

Equipment Needed: athletic wear (shorts, t-shirt), athletic shoes, hat, water bottle.

Who: Davis Students grades K – 5th

What: Hawks Mini Football Camp

When: Thursday May 30th

Time: 3:00pm-5:00pm

Location: Davis Elementary School (outdoor field)

Please Return Form to the Davis Office by: **May 24th, 2019**



Student Name _____ Grade _____

Age _____ Parent Name _____

Phone _____ Email _____

College Place Public Schools Medical Information/Release

DOES YOUR CHILD HAVE:

Allergies ___ Yes ___ No If yes, please list. _____

Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc. ___ Yes ___ No If yes, please list. _____

Has your child had any injuries and/or operations during the past year? ___ Yes ___ No If yes, please list type and dates. _____

Has your child's physical activity been restricted during the past year? ___ Yes ___ No If yes, please list reasons and duration. _____

Is your child taking any medications? ___ Yes ___ No If yes, please list name of medication(s) and dosage(s).

IN CASE OF EMERGENCY, NOTIFY:

Name _____ (Please print) Relationship _____

Phone: Work (_____) _____ Home (_____) _____

Family Physician _____ Phone (_____) _____

Medical Insurance _____

Name of Insured _____

Policy/Group # _____

I, as a parent/guardian of _____ (participant), a minor, ask that he/she be admitted to participate in the sports camp sponsored by College Place High School (CPHS). I am fully aware of the safety risks of participating in this activity. I acknowledge and accept the risks and I understand that CPHS cannot guarantee my child's safety. I state to you that I am not aware of any physical condition that would limit my child's participation in this activity. I understand that it is my responsibility to let you know if my child has any condition that would limit his/her ability to safely participate in this activity. In exchange for my child being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release—and further agree to indemnify, defend, and hold harmless CPHS and its trustees, officers, agents, employees, and volunteers from and against—any and all liabilities, claims, costs, expenses, injuries, and or/losses that my minor child may sustain as a result of my child's attendance at the sports camp, or in the course of competition and/or activities held in connection with the sports camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child. I give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of Parent/Guardian _____ Date _____

Print name and relationship to participant _____