

26th ANNUAL MUSTANG FOOTBALL CAMP

WHEN: Monday –August 6th- Thursday August 9th.

TIME: Grades 5-8 3:30- 5:30pm
Grades 9-12 5:00pm- 8:00 pm

WHO: All students grades 5-12

WHERE: Heppner High School- Practice Field



REGISTRATION- YOUTH- 2:00-3:30pm – Monday August 6th.

REGISTRATION- 4:00-5:00 PM- Monday- August 6th.

COST: Grades 5-8= \$35
High School-

**Each camper will receive short/T-shirt combo
Free with paid team spirit pack. \$35 if not previously ordered.**

Name _____ Grade _____

Parent/Guardian _____

Address _____

Phone No. _____

Medical Ins. (company & no.) _____

Participant Agreement

In consideration of _____ being accepted as a participant in the football camp, and for other valuable consideration, the undersigned parent or legal guardian of said participant hereby releases and forever discharges Greg Grant, Les Payne, Kevin Payne, Jeremy Rosenbalm, Chad Doherty, Adam Doherty, Joe Armato, Robert Wilson, John McCabe, Josh Coiner, Mike George and all other assistants and staff members of the football camp from any and all liability of any kind or nature arising out of injury sustained by the above named participant, while participating in said football camp, including but not limited to injuries arising from the program activities exercises, or use of equipment. The undersigned agrees and understands that all participants shall be expected to follow the reasonable instruction and direction of Greg Grant and all camp staff and assistants. It is further agreed that if, as a result of such participation, medical treatment on an emergency basis is a necessary, and if the directors and/or the staff of the camp are unable to contact me for my consent for emergency medical care, I hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

Date: _____

Parent/Guardian Signature: _____