

FRANKLIN 2017 SUMMER FOOTBALL CAMP

2017-18 SCHOOL YEAR 7TH & 8TH GRADE STUDENTS

FRANKLIN MIDDLE SCHOOL FOOTBALL FIELD

August 14th, 15th & 16th from 4-6 p.m.

Registration Fee: \$30 (includes T-Shirt)

Contact Person: Kyle Clark...319-558-4167 or kyclark@cr.k12.ia.us



- *Get in shape; learn the offense and defense
- *Have fun; build team unity
- *Improve skills; prepare for 2017 football season

Participants: If and only if you participate in all 3 days of football camp, you will be eligible to receive your football equipment early on Wednesday, August 16th after camp. You will also need to bring your signed and filled out white sports emergency card (students will receive these at the camp). Equipment schedule - 8th grade, 6:15-6:30 p.m. and 7th grade, 6:30-7:00 p.m. All other Franklin Football Team members will receive their equipment after the first official practice on August 24th. Please get your physical as soon as possible!

This is a private camp not sponsored by the Cedar Rapids Community School District.

Please detach the bottom portion of the flyer and include it with your payment.

Name _____ Grade (2017-18 Year) _____ Age _____

Parent/Guardian _____ Phone Number _____

E-mail Address _____ Shirt Size (Adult) S M L XL XXL

_____ \$30 enclosed or
_____ Financial assistance scholarship requested (**Check one**).

Please make checks out to Kyle Clark and deliver to Franklin by June 3rd or mail to 6215 Windy Meadow Lane NE Cedar Rapids, IA 52411 by August 7th or bring to camp.

WAIVER and MEDICAL AUTHORIZATION

I understand that my child could be seriously or mortally injured or have personal property stolen as a result of my child's participation in the Franklin's football camp. I, on behalf of myself and as the parent/legal guardian of my child, voluntarily agree to waive all claims arising from personal injury (including death), medical expenses or property loss against Franklin the Cedar Rapids School District, any employees, volunteers, directors, officers, or independent contractors of the Cedar Rapids School District (collectively the "Released Parties"). I also agree to hold harmless and indemnify the Released Parties from any and all claims that arise from my child's personal injury (including death), medical expenses, or property loss. I certify that my child has been examined by a physician within the past year and found to be in good health and able to participate in all Programs without restriction. I am aware of no medical condition that may increase my child's risk of illness or injury. In the event of an emergency, I authorize the Franklin Staff to act for me on my absence regarding emergency medical care. I agree to be financially responsible for all medical expenses.

Please sign and date to indicate you have read, understand, and accept the above agreement:

Parent/Guardian Signature: _____ Date: _____