

# FRANKLIN MIDDLE SCHOOL 2011 SUMMER FOOTBALL CAMP for

2011-12 SCHOOL YEAR 7<sup>TH</sup> & 8<sup>TH</sup> GRADE STUDENTS

FRANKLIN MIDDLE SCHOOL FOOTBALL FIELD

August 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup> from 4-6 p.m.

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

Contact Person: Nick Merritt...319-558-3140 or nmerritt@cr.k12.ia.us



- \* Get in shape; learn the offense and defense
- \* Have fun; build team unity
- \* Improve skills; prepare for 2011 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 Monday, August 22<sup>nd</sup>. You will also need to bring your signed and filled out white sports emergency card (will receive these at the camp). Schedule - 8<sup>th</sup> grade, 4:00-4:45 p.m. and 7<sup>th</sup> grade, 4:45-5:30 p.m. All other Franklin Football Team members will receive their equipment after the first official practice on August 24<sup>th</sup>.

Name \_\_\_\_\_ Grade (2011-12 Year) \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Shirt Size (Adult) S M L XL XXL

**\$30 enclosed or scholarship requested (circle one). Please make checks out to Nick Merritt and deliver to Franklin by June 2nd or mail to 2235 Bullis Dr., Marion, IA 52302 by August 15<sup>th</sup> 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: \_\_\_\_\_