

Providence Summer Football Camp



WHEN: May 28th - May 30th

SESSIONS:

INCOMING 1-4 GRADE SESSIONS 1: 4PM - 5:30PM

INCOMING 5-8 GRADE SESSIONS 2: 5:30PM - 7PM

WHERE: Providence High School Football Field,
707 Providence Way, Clarksville, IN 47129

WHAT TO BRING: Shorts, T-Shirt, & Cleats (wear light colored clothing), eat a healthy breakfast and bring some water.

COST: FOR YOUR FIRST CAMPER, ITS \$50,
ADDITIONAL SIBLINGS ARE \$30 EACH.

PLEASE FILL OUT A FORM FOR EACH CAMPER



REGISTRATION

COST: \$50

<u>PAYABLE TO:</u> PROVIDENCE FOOTBALL CAMP	<u>RETURN TO:</u> LARRY DENISON PROVIDENCE HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129
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ADDITIONAL SIBLINGS ARE \$30 EACH

NAME _____

GRADE 2019: _____ SCHOOL: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN NAME: _____

T-SHIRT SIZE: (PLEASE CIRCLE ONE):

ADULT: XL L M S

YOUTH: S M L

RELEASE FORM: I, THE PARENT/GUARDIAN OF THE ABOVE NAMED ATHLETE, DO HEREBY GRANT PERMISSION FOR HIM TO PARTICIPATE IN THE FOOTBALL CAMP AND ACKNOWLEDGE THE FACT THAT HE IS PHYSICALLY ABLE TO PARTICIPATE IN CAMP ACTIVITIES. I UNDERSTAND BY SIGNING THIS FORM I RELEASE PROVIDENCE HIGH SCHOOL AND ITS COACHES FROM ANY LIABILITY SHOULD MY SON BE INJURED IN ANY WAY WHILE PARTICIPATING IN THE FOOTBALL CAMP. IF I FEEL THERE IS ANY MEDICAL INFORMATION ABOUT MY SON THAT THE PROVIDENCE COACHES SHOULD KNOW, I WILL INCLUDE THAT INFORMATION WHEN RETURNING THIS RELEASE.

PARENT/GUARDIAN _____ DATE _____