



PLATTE COUNTY HIGH SCHOOL
PIRATE FOOTBALL

FOOTBALL CAMP OF CHAMPIONS

What: Platte County High School Football Staff will hold a non-contact Instructional Football Camp.

Where: Platte County High School—*Home of the Pirates.*

When: June 7th (Monday) through June 9rd (Wednesday).

Time: Camp will be held from 8:30 AM through 10:00 AM.

Ages: Camp will be for boys grades 3th through 8th of the 2010-2011 school year

Cost: \$30 for Camp, Beverages, T-shirts, and Awards.

What to Bring: T-shirt (black, orange, or white preferable), shorts, cleats or tennis shoes, and a willingness to learn the game and have fun.

The Coaching Staff will stress proper techniques, skills, training, conditioning, positive attitude, good sportsmanship, and being a winner in sports, school, and life.

*****In order to insure a t-shirt at camp please return your registration form and entry fee before May 15th. All others may have a delay in receiving a t-shirt.****

RETURN TO:
BARRY OFFICE, MIDDLE SCHOOL OFFICE, PAXTON OFFICE, OR SEIGRIST OFFICE

DESERVE VICTORY



PLATTE COUNTY HIGH SCHOOL
PIRATE FOOTBALL

REGISTRATION

Name _____
Phone Number _____
Address _____
City _____ State _____ Zip _____
E-mail _____
Age _____ Grade for year 10-11 _____ Adult T-shirt size _____

INDEMNIFICATION BY PARENTS OR GUARDIAN OF APPLICANT

The undersigned parent or guardian (student's name) the applicant for and in consideration of Platte County R-3 School District accepting said applicant, hereby agrees to save and indemnify, and keep harmless the Platte County R-3 School District, its clinicians, its agents, and sponsors, against any and all liability claims, judgments or demands arising as a result of injuries by the applicant traveling to and from Platte County High School sites and during the stay at the school and on school grounds, or while participating or taking instruction in football.

Signature of Parent or Guardian _____ Date _____

Medical Treatment Authorization -- I approve of my son's attendance at football camp and certify that he is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care.

Signature of Parent or Guardian _____ Date _____

Are you or your dependents entitled to benefits under any employer, union, group plan, group Blue Cross, Blue Shield, Medicare, Medicaid or any other governmental program?

No Yes -- If yes, please complete the following:

Employer or sponsoring organization: _____
Insurance Company _____
Policy No. _____
Address: _____ City _____ State _____ Zip _____