

Parent consent form

This completed form will enable health facilities in Hoopeston and camp medical staff to provide prompt care to your son or daughter. All areas of this form must be completed prior to camp registration. I/We, the undersigned, hereby certify that I/we am/are the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the period of the camp, appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness. I/we will be responsible for any and all cost of medical attention and treatment. I/We, the undersigned, for ourselves and as a guardian(s) Of _____ (camper's name) understand that sports is an active, physical sport, and that injuries can take place during play. I/We understand that, as with any sport, injuries can occur, and we hereby admit that our child is physically and mentally capable of participating in HAHS camp activities. I/We represent that I/We have sought the opinion of our child's pediatrician, _____, and he/she concurs that, _____ is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sports activity, and I/we are confident that he/she is able to engage in such sport. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge HAHS Sport Camps, the coaches, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damage, injury, or loss is due to negligence.

Signature of parent or guardian

Date _____

Medical Info

Camper's physician / Phone number

Allergic reactions?:

Medication presently taking:

Past illnesses or information that would be useful in the event of necessary treatment:

Your insurance company

Agent's name

Policy # _____

Phone # _____

Any instructions regarding your insurance?

HASAAP Football



Summer Camp

2017

Camper Information

Name _____

Date of Birth: _____

Age: _____

Parents Name: _____

Address:

Email: _____

Home Phone: _____

Cell Phone: _____

Emergency contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

T-shirt Size: _____

Camp Dates:

June 12: 8-10am

June 13: 8-10am

June 15: 8-10am

June 19 8-10am

June 20 8-10 am

June 22 8-10am

June 26: 8-10am

June 27: 8-10am

June 29: 8-10am

July 10: 8-10am

July 11: 8-10am

July 13: 8-10am

July 17: 8-10am

July 18: 8-10am

July 20: 8-10 am

July 24: 8-10am

July 25 8-10am

July 27 8-10am

*All camps held at HAHS

Hoopston Area High School Coaches invite you to be a part of the 2017 Cornjerker Football Camps.

Coaches will emphasize the fundamentals and techniques used in their sport. Cornjerker athletic camps are designed to assist young athletes in improving their skills and developing proper playing habits. Not only will your son/daughter gain knowledge of the proper techniques, they will also benefit from the companionship of other players, learn good sportsmanship, and other related athletic values.

Players will be closely observed and mistakes will be corrected. Every effort is made to teach each player how to use their knowledge in game situations in order to develop the physical and mental skills that go into making a good student Athlete.

OUR GOAL FOR THE CAMPS:

We combine hard work and fun to bring out the most in every player. We also make every effort for the camp to be gratifying and worthwhile experience for every player who attends.

Coach Jacobs 217-622-1615
davejacobsfb1@gmail.com