

HUSKY PUP SUMMER FOOTBALL CAMP



**JUNE 12 AND 26,
JULY 10 AND 17
GRADES K-4 (FALL 2019)**

Come and join the PHS coaches and players to sharpen your football skills. HUSKY PUP SUMMER FOOTBALL will run on **Wednesdays from 1:00 PM – 2:30 PM**. We will meet at the varsity practice fields. During this **NON-CONTACT FLAG FOOTBALL** experience, the players will warm up, spend some time working on basic football fundamentals, and playing flag football. Each player will receive a football camp gift for participating.

The participation fee is **\$30**. **Proceeds from the camp go directly back to our football program.**

To register, please detach the below registration form and return it along with the HUSKY PUP SUMMER FOOTBALL fee to the PHS office on or before Wednesday, May 31st. **ONLINE REGISTRATION IS ALSO AVAILABLE.**

If you have any questions or any financial concerns, please contact Coach Peterson at 218-791-4988 or (ppeterson@isd116.org).

PLEASE PRINT **Registration Form for the 2019 HUSKY PUP SUMMER Football Camp**

Name: _____ Age / Grade (Fall 2019): _____

Address: _____ City: _____ State: _____ Zip: _____

Best Contact Phone (_____) _____ Alternative Phone #(_____) _____

Please note any medical condition we should be aware of: _____

I understand the Pillager Football Camp director and instructors will not be held responsible for injuries or loss of property while the above student is attending the camp. I do hereby release the State of Minnesota, Pillager School District, and the Pillager Football Camp director and instructors from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the Pillager Football Camp staff of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the student. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses which could be incurred as result of treatment given to the above named student for illness or injury while attending or subsequent to attending the Pillager Football Camp. I hereby authorize the staff of the Pillager Football Camp to act for me according to their best judgment in any emergency requiring medical attention.

Signature of Parent or Guardian: _____ Date: _____

Name of Insurance: _____ Policy No: _____

**ONLINE
REGISTRATION
IS ALSO
AVAILABLE.**

Checks Payable to:
Pillager Football Camp
323 E. 2nd St. S.,
Pillager, MN 56473

COME HAVE FUN AND LEARN ABOUT FOOTBALL