

MUSTANG FOOTBALL

SUMMER CAMP

WHO: Players entering 7th/8th grade

WHEN: June 5-June 8

WHERE: MCMS Practice Field

TIME: 9:00 am-11:00 am

BRING: Athletic clothes, cleats/shoes, water

COST: \$35

Please use the QR code to show your interest in playing football next year whether you are attending camp or not..



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PLEASE RETURN THIS BOTTOM PORTION AND PAYMENT BY APRIL 21

MAKE CHECKS PAYABLE TO: Bobby Rawson

Please cut and return this bottom portion with payment to Coach Rawson or Coach Lehrman

Player Name _____ Grade Entering: _____

Address: _____ City: _____

Guardian Name: _____ Phone Number: _____

Shirt Size (Adult Sizes Only): AS _____ AM _____ AL _____ AXL _____

I, as the legal guardian of _____, do hereby affirm that the applicant is in good health. I have no knowledge of any physical impairment that would be affected by the above player's participation in the camp. I understand that, as a condition of admittance as a camp participant, I as the applicant's parent or legal guardian, hereby release Mustang Football and all other employees of the camp from any liability resulting in injury or illness while at the camp.

Guardian Signature: _____

Date: _____