

MUSTANG FOOTBALL

SUMMER CAMP

WHO: Players entering 7th/8th grade

WHEN: May 31-June 3

TIME: 9:00 am-11:00 am

WHERE: MCMS Practice Field

COST: \$35



MAKE CHECKS PAYABLE TO:
RON PETERS

PLEASE RETURN THIS BOTTOM PORTION BY MAY 20 ✂

Please cut and return this bottom portion to Coach Pickens or Coach Rawson or...

Mail to:

Mill Creek Middle School
Attention: Ron Peters
8001 Mize Boulevard
Lenexa, KS 66227

Player Name _____ Grade Entering: _____

Address: _____ City: _____

Guardian 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: _____