



2015, 2016, 2019 STATE CHAMPIONS  
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# 2020 JAGUAR FOOTBALL SUMMER CAMP REGISTRATION 5<sup>th</sup> - 8<sup>th</sup> GRADE

## CAMP SCHEDULE:

- **CAMP REGISTRATION DEADLINE** – June 1, 2020
- **REGISTER ONLINE (or mail below registration w/ payment)**-<https://tshq.bluesombrero.com/jaguarfootballcamps>
- **CAMP DATES** – Monday July 27 – Thursday, July 30
- **CAMP TIMES** – 7:30 am – 9:00 am @ Jaguar Stadium/MVHS Practice Fields

## PHYSICALS:

- Each individual participating in camp is required to have a physical on file. Physicals are valid for 1 calendar year. Please contact MTMS/MCMS/MVHS or visit athletic website for forms.

## COST:

- \$80.00 includes camp, camp T-Shirt and insurance.

## INSURANCE:

- Insurance is provided as a part of the cost.

\*\*For questions concerning online registration please email [mvjagreg@gmail.com](mailto:mvjagreg@gmail.com)

\*\*For any specific camp questions please visit [www.mvjaguar.com](http://www.mvjaguar.com) or contact Coach Applebee at [japplebee@usd232.org](mailto:japplebee@usd232.org)

(Please cut @ line and return bottom portion with **check made to JAGUAR FOOTBALL** to Coach Applebee, 6325 Lakecrest Dr, Shawnee, KS 66218)

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
5-8 Camp  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Grade Next Fall \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

## Parental Waiver, Assumption of Risk, and Consent Form

I hereby request that you accept the application of \_\_\_\_\_ in the Jaguar Football Camp. In consideration of your acceptance of the application, I hereby release Jaguar Football, Mill Valley High School, and the Desoto School Board of USD 232 and all of its employees from all claims on account of injuries which may be sustained by my son while attending the Jaguar Football Camp and any team and/or individual practices, and I agree to indemnify Jaguar Football, MVHS, and the School Board of USD 232 and its employees for any claim which may hereafter be presented by my minor son of any such injuries.

Medical Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating to the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the organization named above, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. I represent that I am a parent/legal guardian of the child named above, and I agree that the terms of this release are binding on the child and me.

Participant's Printed Name \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_