

MACOMB HIGH SCHOOL (Page 2)



AIR RAID



FOOTBALL CAMP

Thank you for bringing your student to our football camp! We are excited to offer a safe, energetic, and FUN opportunity to learn the skills of the game of football!

Student Name: _____

Home Address: _____

City/State/Zip Code: _____

Parent's Name: _____

Phone Number: _____

Emergency Number: _____

Age and Grade of Student: _____

Email Address: _____

Tee Shirt Size (Circle)

Youth S YM YL Adult S AM AL XL 2X 3X

Please make checks payable to MHS Football Camp

Parental Consent Form

I hereby release Macomb Community School District 185, and their employees and agents from all liability from injury or illness that may result from my child's participation from this camp. I certify that my child has been examined by a physician and found to be in good physical health and able to compete in all camp activities without restrictions. Furthermore, In the event that I cannot be reached in a medical emergency, I hereby grant permission to camp staff members to act on my behalf in case of a medical emergency and authorize the directors of the Mustang Youth Football Camp act for me in accordance to their best judgment. I understand that Macomb High School does not provide camp medical insurance and that I am responsible for any/all medical expenses.

Parent Name (Print) _____

Parent Signature _____ Date _____