



*Timberline High School Football
Presents:
Future Champs Blazer Youth Camp!*

Date:

June 21st - 22nd 2018

Where:

South Sound Stadium
600 Sleater Kinney Rd SE
Lacey, WA 98506

Time:

21st 4pm - 6pm

22nd 9am - 12pm

Grades & Cost:

GRADES 1-8 \$65 Individual

next year's grade

*Checks payable to Timberline Football

Can also pay online @ <https://online.nthurston.k12.wa.us>

*****PLEASE MAKE SURE TO INCLUDE YOUR PLAYERS NAME IN THE COMMENT BOX*****

Send check to:

Timberline High School

Attention:

Coach Mullen/Valerie Parret

6120 Mullen RD. SE.

Lacey, WA 98503

**PLEASE PAY NOT LATER THEN June 5th to guarantee your T-SHIRT & BALL.*

**You will be able to pay the 1st day of camp/or ONLINE, but cannot guarantee*

a shirt.

Please visit our website if you need a copy:

Contact: Coach Mullen 360-412-4860 ext. 43411 nmullen@nthurston.k12.wa.us

THS FOOTBALL CLINIC 2018 REGISTRATION/PERMISSION FORM

*ONE FORM PER PARTICIPANT

NAME (LAST, FIRST):	
PRIMARY PHONE NUMBER:	AGE:
SECONDARY PHONE NUMBER:	GRADE:
HOME ADDRESS:	
SCHOOL NAME:	TEACHER:
E-MAIL:	PAST INJURIES TO BE AWARE OF:
T-SHIRT SIZE (PLEASE CIRCLE)	
<input type="checkbox"/> CHILD SMALL <input type="checkbox"/> ADULT SMALL <input type="checkbox"/> CHILD MEDIUM <input type="checkbox"/> ADULT MEDIUM <input type="checkbox"/> CHILD LARGE <input type="checkbox"/> ADULT LARGE <input type="checkbox"/> ADULT X-LARGE	
EMERGENCY INFORMATION	
FAMILY PHYSICIAN:	PHYSICIAN'S PHONE NUMBER:
PREFERRED HOSPITAL:	ANY KNOWN ALLERGIES:

WE, HEREBY, GIVE PERMISSION FOR OUR SON/DAUGHTER TO ENGAGE IN THIS ACTIVITY. WE UNDERSTAND THAT FOOTBALL IS AN ACTIVITY WITH SOME AMOUNT OF RISK OR DANGER. WE, HEREBY, AUTHORIZE THE SCHOOL TO ACT ON OUR BEHALF IN AN EVENT OF AN EMERGENCY. THE SCHOOL PERSONNEL IN CHARGE HAS OUR PERMISSION TO TAKE OUR SON/DAUGHTER TO OUR FAMILY DOCTOR OR THE HOSPITAL DESIGNATED ABOVE. SHOULD CIRCUMSTANCES REQUIRE EMERGENCY TREATMENT, AND SHOULD OUR DOCTOR/HOSPITAL BE LOCATED TOO FAR AWAY TO PROVIDE EMERGENCY TREATMENT, WE AUTHORIZE THE SCHOOL TO TAKE OUR SON/DAUGHTER TO THE NEAREST MEDICAL FACILITY.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

EMERGENCY PHONE NUMBER: _____