

HUSKY PUP SUMMER FOOTBALL CAMP
AUGUST 21 and 22 6:30pm - 7:30pm
Grades 3-4 (Fall 2024 Grade)

Come and join the PHS coaches and players to sharpen your football skills. HUSKY PUP SUMMER FOOTBALL CAMP will run **on Wednesday, August 21 and Thursday, August 22** from **6:30pm to 7:30pm**. We will meet at the varsity practice fields. During this NON-CONTACT FLAG FOOTBALL experience, the players will warm up, spend some time working on basic football fundamentals, and playing flag football. Each player will receive a football camp gift for participating.

The participation fee is **\$25. Proceeds from the camp go directly back to our football program. We will take registrations up to and during camp, we want you there!**

Please detach the below registration form and return it along with the HUSKY PUP SUMMER FOOTBALL fee before the last day of school!

If you have any questions, please contact Coach Clark at 218-242-2125 or (pclark@isd116.org).

Application & Registration Form for **2024 HUSKY PUP SUMMER FOOTBALL CAMP**
PLEASE PRINT

Name: _____ Age / Grade (Present): _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone:(_____)_____ Daytime Phone:(_____)_____

Please note any medical condition we should be aware of: _____

I understand the HUSKY PUP SUMMER FOOTBALL coaches will not be held responsible for injuries or loss of property while the above student is attending. I do hereby release the State of Minnesota, Pillager School District, and the HUSKY PUP SUMMER FOOTBALL coaches from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the HUSKY PUP SUMMER FOOTBALL staff of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the student. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses which could be incurred as result of treatment given to the above named student for illness or injury while attending or subsequent to attending HUSKY PUP SUMMER FOOTBALL. I hereby authorize the staff of HUSKY PUP SUMMER FOOTBALL to act for me according to their best judgment in any emergency requiring medical attention.

Signature of Parent or Guardian: _____ Date: _____

Name of Insurance: _____ Policy No: _____

Checks Payable to: Pillager Football Camps
Mailing Address: 323 E. 2nd Street South, Pillager, MN 56473
COME HAVE FUN AND LEARN ABOUT FOOTBALL!