

HIGHLAND
FOOTBALL



Coach Brody Benson
Head Football Coach
801 484-4343 ext. 253

**2016 Highland Full Pad
Football Camp**

July 18th – July 22th  7:00am – 3:30pm

Player's Name: _____ 2016 Grade: _____
Address: _____ Age: _____

Home Phone: _____
City, State: _____ Zip: _____ Cell Phone: _____
Emergency Contact Name: _____ Emergency #: _____

Camp Registration Fee is \$180.00. The cost includes t-shirt. Please circle sizes:

T-Shirt:	Adult-Med	Adult-Large	Adult-XL	Adult-XXL	Adult-XXXL
Shorts:	Adult-Med	Adult-Large	Adult-XL	Adult-XXL	Adult-XXXL
Girdle:	Adult-Med	Adult-Large	Adult-XL	Adult-XXL	Adult-XXXL

Please return this registration form and fee **BEFORE CAMP BEGINS**. You must pay before you can participate.

Return to: **Coach Jon Jensen**
Highland High School Football
2166 South 1700 East
Salt Lake City, Utah 84106

Please make checks payable to: **Highland High School Football**

Players will receive equipment the week before the 18th.

ACKNOWLEDGEMENT OF RISK/PHYSICAL CONDITION

I hereby release Coach Brody Benson, any assistant football coaches and staff, Highland High School, Salt Lake City School District and any other parties involved from all liabilities for injuries received by athletes during football camp.

Furthermore, we (parents, guardians and athletes) fully understand that participants training and competing in football may suffer serious injury, including but not limited to sprains, fractures, ligament and/or cartilage damage which could result in permanent, partial or complete impairment of the use of limbs, brain damage, paralysis or even death. With full knowledge of these risks, I choose to participate in the above mentioned football camp, and I as the participant's parent/guardian can give my consent for participation, and I authorize Coach Brody Benson to act in my behalf with his best judgment in the case of an accident.

We understand that Salt Lake City School District does not carry accident insurance for injuries received during activities at the Highland High School Football Camp. We understand that it is the responsibility of the parent/guardian to provide any desired insurance.

My son is healthy, in good physical condition and able to take part in athletic competition. I grant my son permission to participate in Highland High School Football Camp.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Physician's Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Card Holder's Name: _____

Any Medical Problems/Conditions: _____