

HIGHLAND
FOOTBALL



Coach Brody Benson
Head Football Coach
801 484-4343 ext. 253
Brody.benson@slcschools.org

**Camp Held at Highland
Under the Lights**

**2016 Highland Little League
Football Skills Camp
7/19/2016 through 7/21/2016
6:30 p.m.—8:30 p.m.**

Player's Name: _____

Address: _____

Age: _____

Home Phone: _____

City, State: _____ Zip: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency #: _____

Cost: \$20 per player

Shirt Size: YS YM YL YXL S M L XL XXL

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

Return Form to:

**Coach Brody Benson
Highland High School Football
2166 South 1700 East
Salt Lake City, Utah 84106**

Please make checks payable to: **Highland High School Football**
Make payments to the Treasurer at Highland High School
Or pay online at www.myschoolfees.com

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 Little League 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 Little League 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: _____