

9th-12th GRADE FOOTBALL CAMP

July 31st -August 4th

NOTE: ALL CAMPERS REPORT TO THE GAME FIELD AT THE HIGH SCHOOL

* A family will only pay a maximum of \$70 for all football camps in 2023

**Please make checks payable to CARLISLE FOOTBALL and send them to;

Mark Hoekstra
430 School Street
Carlisle, IA

*You may also pay on line at <https://football.carlislecsdcamps.com/incoming-9th-12th-grade-football-camp.cfm>

**Payment is due on or before the first day of camp

- **9-12 GRADE: CAMP FEE \$70.00**
- July 31st – August 4th at Carlisle High School from 8-10:00am & 4:00-6:00pm.

TO REGISTER: The undersigned affirms that they are the parent/guardian of the student-athletes named below:

1. _____ Grade: _____

2. _____ Grade: _____

3. _____ Grade: _____

RELEASE:

The undersigned hereby agree to release Mark Hoekstra, all assistant coaches, trainers, Carlisle School District personnel, and their representatives, agents, servants and employees and any and all other persons or organizations assisting with this camp in any way from liability for any injury to the student(s) named above, resulting from any cause whatsoever occurring to the named person at any time while attending the Carlisle Football Camp, including travel to and from the camp.

Further, I do voluntarily authorize Mark Hoekstra, all assistant coaches, trainers, Carlisle School District personnel, and their representatives, agents, servants and employees and any and all other persons or organizations assisting with this camp in any way assistants to obtain routine or emergency medical treatment for the named person as deemed necessary by Mark Hoekstra. As parent/guardians of camp participant(s) I expressly authorize **emergency medical treatment** to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless Mark Hoekstra, all assistant coaches, trainers, Carlisle School District personnel, and their representatives, agents, servants and employees and any and all other persons or organizations assisting with this camp in any way for any and all claims, demands, actions, rights of action, and/or judgments flowing from said procedures and/or treatment rendered in good faith and according to reasonable and prudent medical standards.

Date: _____ Parent/Guardian Signature: _____

Address: _____

Phone(s): _____