13TH ANNUAL GREYHOUND

**Youth Football Skills CAMP**

JUNE 3rd – JUNE 6th

THE CAMP WILL BE WORKED BY

THE JONES COUNTY VARSITY FOOTBALL STAFF

**Camp Information:**

***Who***: 5-15 years old (Grouped by Age)

***Where:*** Jones County High School Football Field

***When****:* June 3- June 6, 2019 (Mon-Thu)

***Time***: 8:00am - 12:00pm

***What to Bring:*** Dress in shorts, t-shirt, tennis shoes or football cleats. Bring money for concessions.

***Cost****:* $90 pre-register by June 1st, 2018

$100 register after June 1st, 2018

Make checks payable to: **Jones County Touchdown Club**

**At camp on Thursday June 7th, T-shirts will be given to each camper.**

(cut line - return the bottom and keep the top)

**REGISTRATION FORM**:

**Participation Waiver** I hereby authorize the directors and agents of Air Hound Youth Football Skills Camp to act in my behalf using their best judgment in any emergency, including medical emergency. I hereby waive and release the Camp, its employees, directors, sponsors, suppliers, and facilities from any and all liability for illness or injury incurred while attending Camp. I know of no medical or physical problems that might adversely affect my child’s ability to participate I this Camp. I hereby grant the Camp permission to use any photographs or video of my child for promotional purposes. I have read the Air Hound Youth football Skills Camp terms and conditions and agree.

Parent or Guardian Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Played \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Played \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GROUP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt SIZE: (circle one) Yth Small Yth Medium Yth Large Adult Small Adult Medium Adult Large

Adult XLarge Adult XXLarge

Make Checks Payable to: **Jones County Touchdown Club**

**Registration form and payment should be mailed to:**

**Jones County High School-FOOTBALL**

**Attention: Mike Chastain**

**339 Railroad Street**

**Gray Ga 31032**

If you have any questions you can reach Coach Chastain at: 478-986-5444 or mike.chastain@jones.k12.ga.us

***WTD***