

County of Newberry Recreation

Mid-Carolina Future **Rebels** FOOTBALL Camp

This camp is for all players regardless of ability. The Camp will be instructed by the MCHS JV & Varsity Coaching staff and current MCHS players. Each camper will receive instruction in combine drills - 40 YD dash, Pro Shuttle Broad Jump, Individual Position, Specific Fundamental instruction –Long snapping, punting and kicking.

WHERE: Mid-Carolina High School Football Stadium

AGES: 7-12 years

DATE: JULY 22ND-24TH

TIME: 8:00-11:00 AM

COST: \$50

Please wear T-shirt, shorts, and cleats (or athletic shoes). You need to bring a water bottle & sunscreen.

REGISTRATION WILL BE ON THE MORNING OF THE CAMP, BEGINNING @8:15 AM.

Participant's Name: _____ Date of Birth: ___/___/___ Age: _____

Father's Name: _____ Mother's Name: _____ Legal Guardian: _____

Mailing Address: _____ City: _____ Zip: _____ Email: _____

Home Phone: _____ Work: _____ F/Cell: _____ M/Cell: _____ Other: _____

Emergency Contact: _____ Cell: _____

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING

In signing up and participating in Newberry County Programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you might sustain as a result of participating in any and all activities. Including transportation services where provided.

I acknowledge that there are certain risks of physical injury to participate in these programs and I voluntarily agree to assume the full risk of any and all injuries. The damages or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against Newberry County, & Newberry County School District, its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. I understand I am responsible for all cost incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by Newberry County to promote the County's events facilities, without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER

Parent's or Legal Guardian's Signature: _____ DL#: _____ Date: _____