



## RICHLAND REBELS FRESHMAN FOOTBALL CAMP

**WHO?** THOSE ENTERING 9TH GRADE

**WHERE?** RICHLAND HIGH SCHOOL

5201 HOLIDAY LANE, NRH, TX, 76180

**WHEN?** JULY 29,30,31, AUG. 1;

6-8 PM

**COST?** \$50

This camp is sponsored by Head Coach Ged Kates and members of the Richland High Football Staff. This camp will feature the fundamentals of the Rebels' offense, defense, and special teams. Basic fundamentals of football will be stressed. They will receive a camp t-shirt, but need to wear athletic shorts, t-shirt, and cleated shoes if possible. For any further questions, please contact Coach King at 903-348-1853 or Coach Oelschelgel at 361-726-1472.

(CHECKS PAYABLE TO GEDKATES)



### RICHLAND REBELS FOOTBALL CAMP

CAMPER'S NAME \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_ (Adult or Youth)

CITY \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_ ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

### PARENTS/GUARDIAN PLEASE READ AND SIGN

I hereby give my permission for my child to participate in the Richland Rebels Football Camp. This authorization shall waive, release and absolve the Richland Football Staff from any liability for injury or illness incurred at the camp. I give the staff permission to act according to its best judgment in any emergency. I also certify that the above applicant has no physical problems, which would impede their participation at the camp. I also understand that parents are solely responsible for ALL medical expenses due to injury or illness incurred by the camper while at camp.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_