

# Roosevelt High School Youth Football Camp

Grades 1st – 8<sup>th</sup>  
(as of 2018/19 school year)

July 17, 18, 19 & 20 (10am – 1pm)  
at Roosevelt High School  
*Suggested Donation: \$125*

Join Roosevelt High School football coach Ryan Sherlock, RHS assistant coaches, and current RHS players for an exciting week of football. Players will learn strength and conditioning techniques, develop/improve football skills and have fun in a positive environment. **NON-CONTACT**

Please send registration forms and donation by check to:  
Roosevelt Football  
c/o Tia Cantrell  
4421 55<sup>th</sup> Ave NE 98105

Checks should be made out to: Roosevelt High School  
or pay online at [www.roughridersfb.org](http://www.roughridersfb.org)

Download registration form: <http://roughridersfb.org/camp>

Camp check-in – July 17 at 9:45 am  
Roosevelt High School Football Field

This camp is being held to benefit the Roosevelt Football team and has been approved by Roosevelt High School.

PAYMENT: The suggested donation is \$125, made payable to: Roosevelt High School. Please include a check with your registration, if you choose to donate. Or pay online at [roughridersfb.org](http://roughridersfb.org).

**Mail registration to: RHS Football, c/o Tia Cantrell, 4421 55<sup>th</sup> Ave NE, Seattle 98105.**

## REGISTRATION (continued on back)

### CAMPER INFORMATION

NAME \_\_\_\_\_ GRADE (as of fall 2017) \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

T-SHIRT SIZE (YOUTH) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ (ADULT) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

This camp is being held to benefit the Roosevelt Football Team and has been approved by Roosevelt High School. Direct all questions to [ridersfb@gmail.com](mailto:ridersfb@gmail.com).

## PARENT INFORMATION

PARENT NAME \_\_\_\_\_ PARENT CELL \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PARENT CELL \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

### Parent Permission and Release:

We, undersigned parent or guardian, grant permission for our child to participate in the Roosevelt High School Youth Football Camp. In exchange for this opportunity, we (player and parent) hereby release and discharge forever all instructors and representatives of this camp, from any damages arising from any and all injuries while participating in this camp. Roosevelt High School Football Camp does not assume responsibility for any injuries. We further state that we have no knowledge of any impairment that would limit or preclude this child from participating in this camp.

CAMPER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## MEDICAL RELEASE

I verify that (camper name) \_\_\_\_\_ has insurance which effectively covers any medical costs incurred as a result of participation in the Roosevelt Youth Football Camp. Further, I authorize the Coaching Staff at the Roosevelt Youth Football Camp to seek any necessary emergency medical treatment my child may need during the course of camp.

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Front and back copy of insurance card is required to participate in camp activities. Please include with registration.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Printed Name

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