Roosevelt High School
Youth Football Camp
Grades 1st – 8th
(as of 2019/20 school year)

July 23, 24 & 25 (10am - 1pm)
at Roosevelt High School
Camp fee: $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 fee by check to:
Roosevelt Football
Arden Erickson
4220 48th Ave NE Seattle, WA 98105
Checks should be made out to: Roosevelt High Football
or pay online at www.roughridersfb.org
or via paypal: ridersfb@gmail.com

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

Camp check-in - July 23 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 camp fee is $125, made payable to: Roosevelt Football
Please include a check with your registration. You can also pay online at roughridersfb.org. Scholarships available.

Mail registration to: RHS Football, c/o Arden Erickson 4220 48th Ave NE Seattle, WA 98105

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.
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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