

2018 Jackson Youth Football Camp

Who: All Boys Entering Grades 1-6 for the 2018-2019 school year.

Where: Jackson High School Football Stadium **ON THE NEW TURF!**

When: July 25 & 26 From 6:00-8:00 pm

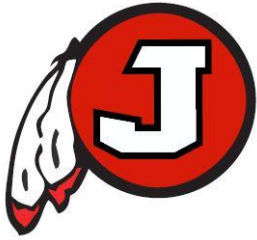
Equipment: This will be a non padded camp. If you have cleats, wear them.

Cost: The cost of camp is \$50.00 and includes an Indian Football Camp T-shirt.

Make checks payable to Bootheel Football Camps.

Philosophy: Our goal is to get the majority of our young Indian Football players comfortable with the offensive and defensive schemes they will be using during the 2018 season. These are the same schemes that Jackson High School will be using this year.

Staff: The camp will be run by the Jackson High School Football Staff. Players will also be taught by Jackson Youth Football Coaches and current Jackson Football Players.

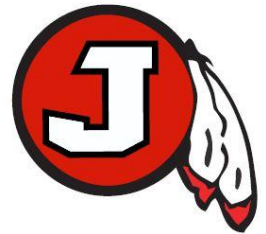


**For information or if you have questions,
contact Coach Eckley**

573-999-6211

beckley@jackson.k12.mo.us

www.jacksonindianfootball.com



Name _____ Grade This Fall (circle one) 1 2 3 4 5 6

Address _____ City/State/Zip _____

Phone _____ Shirt Size (circle one) Youth M Youth L Adult S Adult M Adult L

Parental Release and Indemnity Agreement

Other size

We (or I) release the Jackson School District and all its employees from all claims on account of injuries which may be sustained by my son (or myself) while participating in the Jackson Youth Football Camp: and we (or I) agree to indemnify the Jackson School District, Bootheel Football Camps and its employees for any claim which may hereafter be presented by my son (or myself) of any such injuries. In the event of illness or injury, we (or I) hereby give our (or my) consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia or surgery. We (or I) will be responsible for any medical and other charges in connection with my son's attendance at this event. We (or I) certify that my son is covered by medical insurance.

Medical Insurance Company: _____ Policy Number: _____

Parent's Signature: _____ Player Signature: _____

Emergency Phone Number: _____

Return to: Coach Eckley, Jackson High School 315 S Missouri Jackson, MO 63755 **You may also turn your form in on the 1st day of camp.**