



# Stafford High School Youth Football Camp



**When:** June 6<sup>th</sup>-9<sup>th</sup>

**Where:** SHS Stadium

**Time:** 9am-12pm

**Ages:** 5-14 (including rising freshman)

**Cost of camp:** \$75 (includes t-shirt)



**Name of camper:** \_\_\_\_\_

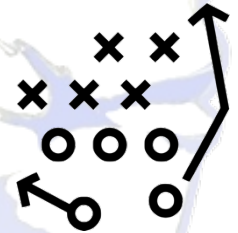
**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Age of camper:** \_\_\_\_\_

**Name of emergency contact:** \_\_\_\_\_

**Phone # of emergency contact:** \_\_\_\_\_



\*\*\* CAMPERS WILL NEED TO BRING A WATER BOTTLE, ATHLETIC CLOTHES, CLEATS AND SHOES IN CASE OF INCLEMENT WEATHER

**Mail registration to:**

Stafford High School  
Attn: SHS Youth Football Camp  
63 Stafford Indians Lane  
Fredericksburg, VA 22405

If you have any questions, please email: [shsindiansfb@gmail.com](mailto:shsindiansfb@gmail.com)

Follow Stafford Football on Twitter:

@SHSIndiansFB





## Insurance Waiver Form



### 2022 Stafford High School Youth Football Camp

In consideration of my application being accepted, I, intending to be legally bound, for myself, my executors and administrators, waive and release and forever discharge any and all rights and claims for damages which I may have hereafter accrued to me against SHS or the Stafford County School Board. I waive all claims against Stafford County employees and administrators or its respective officers, agents, representatives, successors, and/or assigned camp staff, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in and/or rising out of my travel to and participation in the SHS Youth Football camp on the campus of Stafford High School.

I, the parent/guardian of \_\_\_\_\_, do hereby agree to the above waiver and release.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Camper's Name**

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations and immunizations for the above-named camper. In the event of a serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made to contact me in the most expeditious way possible. If said physician is not able to communicate with me, my signature authorizes the treatment necessary for the best interest on the above-named child.

In the event that an emergency arises during a camp session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the camp staff rescue squad to provide the needed medical treatment to the camper prior to their admission to any medical facilities.

**Emergency/Medical/Allergies Info (please note here if anyone other than the parent/guardian will be picking up the athlete):**

\_\_\_\_\_  
**Name of Family Physician:**

\_\_\_\_\_  
**Phone:**

\_\_\_\_\_  
**Parent/Guardian Name (printed)**

\_\_\_\_\_  
**Parent/Guardian Name (signature)**

\_\_\_\_\_  
**Work Phone #**

\_\_\_\_\_  
**Home Phone #**

\_\_\_\_\_  
**Cell Phone #**



### **T-Shirt Size**

**Youth S** \_\_\_\_\_ **Youth M** \_\_\_\_\_ **Youth L** \_\_\_\_\_ **Adult S** \_\_\_\_\_ **Adult M** \_\_\_\_\_

**Adult L** \_\_\_\_\_ **Adult XL** \_\_\_\_\_ **Adult XXL** \_\_\_\_\_

**Make check payable to: SHS Football Boosters \$** \_\_\_\_\_ **Cash or** \_\_\_\_\_ **Check #** \_\_\_\_\_