

Very Important: Please fill out the following information . If the information is not complete, your child will not be permitted to participate.

Emergency Medical Information

Person to contact in case of an emergency

Phone # _____

Physician: _____

Dentist: _____

Hospital: _____

Parent Signature: _____

Insurance

This is to certify that my child _____ (please circle) has or does not have full medial coverage through a family protection policy and this I will assume responsibility for medical expenses that might occur during the JHS athletic event

Parent Signature: _____

Date: _____

- make checks payable to Jackson Mamma Bears

Mail To:

Andy Benson

c/o Jackson High School

7600 Fulton Ave.

Massillon, OH 44646

Questions:

E-mail: amb2jc@jackson.sparcc.org

Phone Numbers:

Voice mail: 330-837-3501 Ext. 1175

2009 Jackson Youth Football Camp
Grades K-7th
June 22 to June 24



Time: 9 am to 11 am

Place: Jackson High School
(in the back)

Who: any boy or girl K – 7 (in the fall)

Cost: \$50

- this pays for all 3 days
- each child will receive a T- Shirt

- **all participants will be divided by age groups in order to receive the best instruction possible**
- **players may sign up the day of the camp though they are not guaranteed a shirt**

What to Bring

- 1.) Willingness to work
- 2.) Positive Winning Attitude
- 3.) Spikes and proper clothing (shorts & T-shirts)
- 4.) Camp order form if you have not already registered

What to Expect

- expect to have fun!
- You will be coached by the high school football staff
- You will learn the fundamentals of Polar Bear Football.

Registration Form

Student Name _____ Grade in
Fall _____

Address _____
____ City State Zip

Home Phone # _____

T – Shirt Size (Youth) S M L XL
or T – Shirt Size (adult) S M
L XL