

Newberry Bulldogs Youth Football Camp



In partnership with the Newberry County Recreation Department, the Newberry High School Football Program is offering a 1-day youth football camp. The camp will focus on providing quality instruction in all phases of the game and speed training from a champion-level program.

Registration forms can be picked up and returned at the main office of Newberry High School.

- WHEN: June 7th, 2024
 - ON-SITE REGISTRATION: 8:00 AM 8:45 AM
 - Entrance to Stadium
 - \$40.00 Cash or Check (remit to: NHS Football 3113 Main St, Newberry, SC 29108)
 - **INSTRUCTION**: 9:00 AM 12:00 PM (Noon)
- AGES: 1ST 6TH GRADERS
- WHERE: Newberry High School Football Stadium



Please fill out the information below and return it to Newberry High School. Registration and payment must be submitted by May 17th, 2024 in order to guarantee a t-shirt. Parents may also choose to register their child on the morning of the first day of camp, with the possibility of limited t-shirt sizes. Registration will begin at 8:00 AM. If you have any questions, please email Coach Cedrick Jeter at cjeter@sdnc.org

Participant's Name:		Date of Bir	th:/	_/ Age:	Grade:
Name: Father's:	Mother's:		Legal Guardia	เท'ร:	· · · · · · · · · · · · · · · · · · ·
Mailing Address:			Dity:	Zip:	
E-MAIL:					
Home Phone:	Work:	F/Cell:	l	M/Cell:	
nsurance Co:	Policy/Card #		Phone:		
Allergies:					

Participant Shirt Size (Please Circle): YS YM YL AS AM AL AXL AXXL

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:

In signing up and participating in this camp, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the County of Newberry, the Newberry County School District, and its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff/volunteer coaches to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

I understand I am responsible for my own medical coverage and all costs incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by the County of Newberry to promote the County's events without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.

Parent's or Legal Guardian's Signature:	ı	Date:	
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