

# ECHS FOOTBALL CAMP

## Competitions

Punt, Pass, Kick  
and  
Obstacle Course

Call Coach Zach Vincent  
with any questions  
at 270-597-2932

Camp Dates  
May 24, 25, & 26  
4:00-6:00

### ATTENTION K-8th grade!!!!

### ECHS football camp is back!

Camp will focus on fundamentals of football with assistance from ECHS coaches and players.

Camp fee is \$40 which includes camp shirt and pizza on the last day of camp.

Pre-registration is preferred. Turn in forms and money to your school secretary.

Registration will also be available on the first day of camp.

Transportation will be available by bus from your child's school to the high school. If you wish for your child to ride the bus to the high school please send a parent note. (Parent drop-off is preferred)

Student Name: \_\_\_\_\_

Shirt Size (circle one): YS      YM    YL    S      M      L      XL    XXL

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Riding Bus to High School: YES    NO (Parent drop off is preferred)

Preferred Pizza (circle one): Cheese    Pepperoni    Sausage

*Make Check Payable to **ECHS BOOSTERS***

Parent contact (Parent name and number) \_\_\_\_\_

**YOUTH SPORTS MEDICAL INFORMATION  
AND RELEASE FORM**

**Player's Name** \_\_\_\_\_

**D.O.B** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**MEDICAL INFORMATION:**

**Family Physician's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Address** \_\_\_\_\_

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**Allergies and/or Medical Conditions (list):** \_\_\_\_\_

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**Medications (list):** \_\_\_\_\_

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**Date of Last Tetanus booster** \_\_\_\_\_

**Person Responsible for Charges (if different then from above)** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **policy #** \_\_\_\_\_

**I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_