

CRC/FKHS FOOTBALL

Youth

FOOTBALL

FKHS COACH DEONTA WADE

CAMP

\$10
PER CAMPER

OPEN TO
GRADES K-6th
(CO-ED)

TUESDAY, JULY 19TH

5:00PM-7:00PM @ Veterans Stadium

Register for Camp at CRC (508 Park)

Registration Deadline: July 5th

Equipment needed: shorts, t-shirt, cleates (optional) and water bottle. For more information about the camp contact

Coach Wade at waded@cville.schools.com, 417-414-5431

or visit www.coffeyvillerec.com

All participants attending camp will receive a camp t-shirt

COFFEYVILLE RECREATION COMMISSION
FIELD KINDLEY HIGH SCHOOL
YOUTH FOOTBALL CAMP

PARENT/GUARDIAN CONSENT FORM
AND
MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD _____ MAILING ADDRESS _____

STREET ADDRESS _____ CITY _____

HOME PHONE _____ PARENT WORK PHONE _____

DATE OF BIRTH: ____/____/____ AGE: ____ T-SHIRT SIZE: _____

SCHOOL CURRENTLY ATTENDING: _____ EMAIL _____

GRADE: _____ (AS OF 2022-2023 SCHOOL YEAR)

PLEASE LIST ANY MEDICAL CONDITIONS:

T-Shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Other : _____

(Circle One) Adult Small (34) Adult Medium (36) Adult Large (38) Adult XLarge (40)

TO WHOM IT MAY CONCERN: In the event that the above-named child is taken to an emergency room or medical care facility in my absence from attendance of the CRC/FKHS football camp at any time during the camp, my child's coaches, or any member of the CRC or FKHS staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in the football camp with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Coffeyville Recreation Commission, City of Coffeyville, Field Kindley High School, Coffeyville Community College, and all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by CRC, CCC or FKHS, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above-named child while participating in softball.

I understand that a photocopy of this document shall have the same force and effect as the original.

SIGNATURE _____

RELATIONSHIP: _____ DATE: _____