

**ST. JOSEPH OGDEN FUTURE SPARTANS
FOOTBALL CAMP @ SJO HS
“FLAG” FOOTBALL FUNDAMENTALS
(Incoming 4th-8th Graders)**

JUNE 11-14 9:00-11:00 A.M.

COST = \$50.00

**\$10.00 OFF FOR MULTIPLE CHILDREN ATTENDING
FUNDAMENTALS TAUGHT BY CURRENT AND FORMER SJO COACHES AND
PLAYERS-PLAYERS WILL ROTATE AND LEARN A VARIETY OF POSITIONS ON
OFFENSE AND DEFENSE**

Follow SJO FB on Facebook and Twitter @SJOFootball

Name: _____

Address: _____

Phone: _____

Email: _____

Person(s) to Contact in case of emergency:

Name: _____

Phone: _____

Incoming Year in School (Fall of '18) _____

T-shirt Size (Adult Size)

SMALL

MEDIUM

LARGE

X-LARGE

2XL

I, the parent or guardian, wish to enroll the above named child in the SJO SPARTAN FOOTBALL CAMP. I understand that each child must be covered by an accident and illness insurance policy. Assumption of RISK and RELEASE of all CLAIMS RELEASE STATEMENT: I relieve SJO High School, and their respective administrators, directors, coaches, instructors, agents, or employees from liability for personal injury, property damage, or wrongful death incurred while choosing to participate in camp. I acknowledge that I currently have medical insurance and that the above named child is in good physical condition and is capable of participating in the SJO Football Camp and all of its activities. I give my consent to the director of the camp to act for me in their best judgement in the event of injury or illness and the need for emergency medical attention for my child/ward.

Signature: _____ **Printed Name:** _____ **Date:** _____

******Please return camp application and payment to SJO FOOTBALL CAMP to 301 N Main St, St. Joseph Il 61873 Attn: Shawn Skinner. The forms should be in by June 1 to guarantee a camp shirt. Make checks payable to SJO FOOTBALL CAMP**

