



2016 EAGLE



FOOTBALL CAMP

June 6-9

8:30 am - 11:30 am

Eagle Football Stadium

Ages: incoming 2nd—9th graders
incoming 7th grade - incoming 9th

\$50 Registration

Wear appropriate shoes, shirt and short.

Name: _____ Age/Grade: _____

Address: _____

Phone: _____ Parent _____

T-Shirt Size **Youth** : S M L XL

Adult: S M L XL

Mail registration payable to: John Bachtel
631 Post Oak Drive
Fairfield, TX 75840

Contact: John Bachtel
Cell: 903 389 4602
Email: john.bachtel@fairfield.k12.tx.us

I, as a parent or guardian, hereby give permission for my child to participate in the Football Camp and warrant that my child is physically able to fully participate in all activities. I hereby release any claims for damage that my child, or I on my child's behalf, have against Fairfield ISD and Eagle Football Camp and any of the agent &/or representatives resulting from any negligence on behalf of the Eagle Football Camp. I hereby fully authorize the directors, or designee, to freely select the hospital facility &/or physician which will treat my child in the result of an injury sustained while playing at the Eagle Football Camp. Further, I hereby fully authorize the hospital &/or physician selected by the Eagle Football Camp directors or designee to medically treat my child in my absence.

By signing the form you are also agreeing to the above waiver. Thank you.

Date: _____ Parent Signature _____