

# TRI-STATE AIR

**DONNIE BIGBY**

**O-LINE/D-LINE**

**FOOTBALL CAMP @**

**PLEASE BRING YOUR OWN**

**WATER BOTTLE!!**

## Where is the camp held ?

The camp will be held on the campus of CARL JUNCTION HIGH SCHOOL #1 Bulldog Lane Carl Junction, MO.

## When is the CAMP ?

The three-day camp is scheduled for Mon. June 6, Tues. June 7, and Wed. June 8, 2022. Check-in begins at 8:00am. and morning instruction is from 8:30a.m.-10:30am..

## How much does the camp cost ?

**\$20.00** Make checks payable to:  
"CARL JUNCTION HIGH SCHOOL  
FOOTBALL"

## **PARENTAL CONSENT FORM TRI-STATE AIR OFFENSIVE FOOTBALL CAMP**

My son, \_\_\_\_\_, has my permission to participate in the **TRI-STATE AIR OFFENSIVE LINE FOOTBALL CAMP**

I understand that my son will participate in activities that may involve physical contact with other persons or objects, including the ground. I further understand that I specifically waive, give up and release the instructors and the school from liability for any claim or financial responsibility for damages, which my son may receive from injuries or illnesses he may sustain

We do accept registrations on the first day of camp.

T-shirt, and supplemental insurance for campers.

## Who is eligible to attend ?

Anyone entering **7<sup>th</sup> through 12<sup>th</sup>** grades may participate. Athletes from other states are welcome and encouraged to attend to prepare for the coming season.

## Equipment ?

FB shoes, shorts, shoulder pads and helmets.

***\*Carl Junction players entering the 7<sup>th</sup> or 8<sup>th</sup> grade can check out shoulder pads, jerseys and helmets/mouth pieces beginning at 8:00am on the 1<sup>st</sup> day of camp (June 6<sup>th</sup>) in the Jr. High FOOTBALL LOCKER ROOM. Equipment will be returned at end of camp!***

## **CAMPER REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

above the **SUPPLEMENTAL INSURANCE** provided by the camp.

In the event of an emergency in which my son requires medical attention, I authorize the staff to act for me and to obtain whatever medical treatment the staff may deem necessary.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature \_\_\_\_\_

If your son has any restrictions, receives prescription medicine, or has a physical impairment that we need to be aware of, please list them below:

Name of Parent's

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_\_

I, \_\_\_\_\_,

agree to abide by all **TRI-STATE OFFENSIVE LINE FOOTBALL CAMP** rules and to participate with the highest ideals of sportsmanship and teamwork.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant's Signature \_\_\_\_\_

Parents and athletes, if you have any questions or need any additional information on the camp, please call:

**CAMP DIRECTOR:**

**Coach Brenden Gubera (417) 439-8242 Cell**

**ASSISTANT CAMP DIRECTOR:**

**Coach Doug Buckmaster (417) 439-7067 Cell**

