

**SPRINGFIELD CATHOLIC
IRISH FOOTBALL CAMP**

WHO: Students entering grades 5-8

WHEN: July 20-23

TIME: 1-3pm

WHERE: Springfield Catholic High School

INSTRUCTION: S.C.H.S. Football staff & Players

COST: \$35

Please return the bottom section of this form to: Bobby Cornelison
Springfield Catholic H.S.
2340 South Eastgate
Springfield, MO 65809

Questions? Please call Coach Cornelison @ 887-8817 X50
Shirt orders will be made aprox. July 1,
PLEASE HAVE FORMS RETURNED BY THIS DATE

SHIRT SIZE _____

PARENT PERMISSION AND AUTHORIZATION

We hereby give our consent for _____ to participate in the S.C.H.S. football camp. We will not hold Springfield Catholic or camp instructors responsible in case of accident or injury, in route to or during the conduct of the camp.

If we can not be reached, in the event of an emergency or injury, we also give consent for the school to obtain through a physician or hospital of its choice such medical care as is reasonably necessary for the welfare of the student.

Students shall not be permitted to participate until verification is given that the athlete has basic athletic insurance coverage.

Our child/ward is covered by basic accident insurance with _____
_____ Policy # _____

Signatures of parents or guardians _____

EMERGENCY INFORMATION

Parent's Name _____ Phone # _____

Doctor's Name _____ Phone # _____

Doctor's Address _____

Describe any previous injuries or conditions that may affect this athlete's performance or treatment.

SPRINGFIELD CATHOLIC
IRISH FOOTBALL CAMP

WHO: Students entering grades 9-12

WHEN: July 20-24
July 27-31

TIME: 8:30-11:30 am

WHERE: Springfield Catholic High School

COST: \$15

Please return the bottom section of this form to: Bobby Cornelison
Springfield Catholic H.S.
2340 South Eastgate
Springfield, MO 65809

Questions? Please call Coach Cornelison @ 887-8817 X50
Shirt orders will be made aprox. July 1,
PLEASE HAVE FORMS RETURNED BY THIS DATE

SHIRT SIZE _____

PARENT PERMISSION AND AUTHORIZATION

We hereby give our consent for _____ to participate in the S.C.H.S. football camp. We will not hold Springfield Catholic or camp instructors responsible in case of accident or injury, in route to or during the conduct of the camp.

If we can not be reached, in the event of an emergency or injury, we also give consent for the school to obtain through a physician or hospital of its choice such medical care as is reasonably necessary for the welfare of the student.

Students shall not be permitted to participate until verification is given that the athlete has basic athletic insurance coverage.

Our child/ward is covered by basic accident insurance with _____
_____ Policy # _____

Signatures of parents or guardians _____

EMERGENCY INFORMATION

Parent's Name _____ Phone # _____

Doctor's Name _____ Phone # _____

Doctor's Address _____

Describe any previous injuries or conditions that may affect this athlete's performance or treatment.