

Pella Football Camp



August 17, 2024
For students entering
Grades 1-2
9:30-10:30 am

Camp Information

We would like to invite you to participate in the Pella Football Camp. This camp is designed for you to have FUN practicing football fundamentals of kicking, throwing, catching, tackling, running and yes, even getting your picture taken in a Pella football jersey! Come hang out with some of our 2024 Pella High football players and practice your football skills.

Location

Pella High Game Field

Cost

The cost of the camp is \$10.00
Please make checks payable to
Pella Football Camp.
Every participant will receive a t-shirt
for attending.

Registration Form

Bring Own Water Bottle
Mail or drop off by August 7 to :
Jay McKinstrey
404 Washington
Pella, Iowa 50219
641.628.4402
Forms also at www.pellafootball.com
Walk up registrations are welcome the day of camp

Pella Football

Name _____

Address _____

Parent Phone _____

Grade entering in fall of 2024 1st _____ 2nd _____

Please circle T-shirt size

Youth Small Youth Medium Youth Large

Adult Small Adult Medium

Release of Liability and Medical and Surgical Authorization

In consideration of the 2024 Pella Football Camp, granting the student permission to participate in the 2024 Pella Football Camp, I hereby assume all risks of his or her personal injury (including death) that may result from any 2024 Pella Football Camp activity. As guardian I do hereby release the 2024 Pella Football Camp and their officers, agents, and all instructors and all participants in said Football Camp from all liability, including claims and suits of law or in equity, for injury, fatal, or otherwise, which may result from the student taking part in Football Camp activities.

In addition, I hereby authorize and give my consent to any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. I agree to assume all costs related to such treatment. I acknowledge that my child is physically able to participate in football camp activities without restriction. I know of no medical or physical problems which would affect my child's ability to participate.

Parent's/Guardian's Signature

Date _____

If parent/guardian cannot be reached, contact:

Phone _____

