

# Pella Football Camp



August 17, 2024  
For students entering  
Grades 3-4  
9:30 am—11:00 am

## Camp Information

We would like to invite you to participate in the Pella Football Camp for students entering grades 3 & 4. This camp is designed to promote the game of football while creating an opportunity for the 2024 Pella High football team and the coaching staff to serve the youth of Pella, while teaching some football basics.

## 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](http://www.pellafootball.com)  
**Walk up registrations are welcome the day of camp**

## Pella Football

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent Telephone \_\_\_\_\_

Grade entering in fall of 2024 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Please circle T-shirt size

Youth Small    Youth Medium    Youth Large

Adult Small    Adult Medium    Adult Large

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 \_\_\_\_\_

