

# 2017 South Sound Football Camp

*June 26, 27 & 28*  
*Fife High School*

## Facilities / Equipment Needs

SOUTH SOUND FOOTBALL CAMP will be held on the fields at **Fife High School**.

**THIS IS A FULL PADS CAMP. Insurance requires that all pads be worn.**

We will be on natural grass, so bring appropriate cleats. Water will be available at the fields, but players may want to have their own water bottles as well.

Each player receives a **CAMP T-SHIRT** and a **barbeque lunch every day** of camp.

## Transportation

Parent(s) or guardian(s) will be responsible for making the necessary arrangements for transportation to and from camp.

## Medical Insurance

**All campers must have individual medical insurance.**

South Sound Football Camp and the Fife School District will not be responsible for medical expenses endured during camp due to illness or injury.

## DAILY CAMP SCHEDULE

9:00	CHECK IN (MONDAY ONLY)
10:00	STRETCH ON OWN
10:20	TEAM PRACTICE TIME
11:15	7 ON 7 ~ OL/DL
11:45	SCRIMMAGE #1 11 ON 11
12:15	SCRIMMAGE #2 11 ON 11
12:45	BREAK CAMP (LUNCH)
2:00	WARM UP OR TEAM TIME
2:20	GROUP
2:45	7 ON 7 ~ OL/DL
3:15	SCRIMMAGE #1 11 ON 11
4:00	SCRIMMAGE #2 11 ON 11
4:45	BREAK CAMP
4:55	COACHES MEETING

## TEAM DINNER & LOCK-IN JUNE 28

BACK BY POPULAR DEMAND—TEAM DINNER AND GYM LOCK-IN. IMMEDIATELY AFTER CAMP BREAKS ON THE 28TH THE PLAYERS WILL HEAD BACK TO SHS FOR SOME GREAT TEAM TIME.

DETAILS WILL FOLLOW.

## REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ AGE \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_

I hereby authorize the applicant to attend SOUTH SOUND FOOTBALL CAMP and waive and release **SOUTH SOUND FOOTBALL CAMP**, Fife High School, the Fife School District, and any of their representatives and / or assignees, from any and all liability and injuries occurred while in camp. I know of no medical or physical problems which may affect the camper's ability to safely participate in this camp. I authorize the directors of this camp to act for me in any medical emergency according to their best judgment. In the event of illness or injury, I hereby give my consent for medical treatment and assume full responsibility for any medical expenses.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone \_\_\_\_\_

**Cost: \$95**

## REGISTRATION DEADLINE

**Friday, June 16th**

### Check List

- ✓ Signed registration form.
- ✓ Photocopy of the front and back of your medical insurance card.
- ✓ Payment in the form of cash, check made **payable to Spartan Boosters**

**TURN IN COMPLETED CAMP REGISTRATION AND  
PAYMENT TO COACH ROSS**

*If you have any questions contact Coach Ross @*

*Keith\_Ross@summersd.org or Team Mom Tonja Warren @*

*twarren671@aol.com 253-405-1499*