

# SPARTANS SPRING FOOTBALL CAMP

May 28 through June 13, 2019

Sunset Chev Stadium & Practice Field

Spring Scrimmage June 13th, ALL TEAMS @ Sunset Chev Stadium

## Helmets & Shoulder Pads

With Head Coach: Keith Ross & Coaching Staff

Cost \$70.00 per player ~ open to incoming 2019 Freshman

### STEP 1: ATHLETIC CLEARANCES

- ATHLETIC CLEARANCE THRU SUMNER HIGH SCHOOL IS **REQUIRED** TO PARTICIPATE SPRING CAMP.
- INCOMING FRESHMAN MUST RECEIVE CLEARANCE THRU SHS EVEN IF THEY WERE CLEARED AT THE MIDDLE SCHOOL.
- Go To: <https://www.familyid.com/programs/2019-spring-football>

### STEP 2: PAYMENT

OPTION 1: PAY ONLINE @ <https://payments.sumnersd.org/signin.aspx>

OPTION 2: PAY BY PHONE BY CALLING SHS BOOKKEEPER @ 253-891-5527

OPTION 3: PAY WITH CASH OR CHECK BY STOPPING BY SHS BOOKKEEPERS OFFICE (MAKE CHECKS PAYABLE TO SHS ASB)

### STEP 3: CAMP REGISTRATION FORM

- COMPLETE AND SIGN THE THIS FORM
- TURN IN TO SHS BOOKEEPER IN PERSON OR EMAIL @ [DANIELLE\\_MAHNKEN@SUMNERSD.ORG](mailto:DANIELLE_MAHNKEN@SUMNERSD.ORG)

### STEP 4: TEAM COMMUNICATION

TEAMSnap IS THE MANAGEMENT APP AND SOFTWARE THAT WE ARE USING TO MAKE COMMUNICATION TO PLAYERS AND PARENTS MUCH EASIER AND MORE EFFICIENT. WE USE THIS APP TO SEND UPDATES, REMINDERS AND SCHEDULE CHANGES.

THE SITE IS PRIVATE SO YOU MUST BE INVITED TO JOIN.

PLEASE SEND AN EMAIL REQUEST TO JOIN TO: [KEITH\\_ROSS@SUMNERSD.ORG](mailto:KEITH_ROSS@SUMNERSD.ORG). INCLUDE PLAYER NAME & GRADE.

Participant's Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims of legal actions, financial or otherwise, against the City of Sumner, the City of Bonney Lake, or the Sumner School District. In absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, video tapes, motion pictures, recordings, or any other records of this program for promotional purposes.

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