

# **7TH-8TH GRADE** **PANTHER FOOTBALL CAMP**

**CAMP:** 7TH-8TH GRADE FOOTBALL  
WE EXPECT ALL PLAYERS IN OUR JUNIOR HIGH TO ATTEND,  
UNLESS ON VACATION OR OUT OF TOWN.

**COACHES:** THIS CAMP WILL BE CONDUCTED BY COACH TANKSLEY, VARSITY  
COACHES AND JUNIOR HIGH COACHES.

**DATES & TIMES:** MONDAY, TUESDAY  
JULY 23, 24 WITH VARSITY & MIDDLE SCHOOL COACHES  
6:00-8:00 PM

WEDNESDAY, THURSDAY  
JULY 25, 26 WITH MIDDLE SCHOOL COACHES  
6:00-8:00 PM

**WHERE:** BEHIND THE HIGH SCHOOL AT VARSITY PRACTICE FACILITY

**FUNDAMENTALS:** THESE PRACTICES WILL BE RUN LIKE A VARSITY  
PRACTICE. THIS IS **YOUR OPPORTUNITY** TO GET  
A HUGE JUMP ON TECHNIQUE AND FUNDAMENTALS  
WITH THE VARSITY COACHES.

**COST:** SWEAT AND WILLINGNESS TO WORK HARD!!

**Attached:** Emergency Medical Card to be filled out for camp. After camp  
days we will return them to you.

Students Name \_\_\_\_\_  
Last First MI Shirt Size

Home Address \_\_\_\_\_  
# & Street City Zip Code

Phone \_\_\_\_\_ Grade \_\_\_\_\_

PARENT / GAURDIAN INFORMATON

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Place of Business \_\_\_\_\_ Has Legal Custody yes \_\_\_\_\_ no \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Place of Business \_\_\_\_\_ Has Legal Custody yes \_\_\_\_\_ no \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

If mother/father separated, is there a problem having student contact other parent?  
Yes \_\_\_\_\_ No \_\_\_\_\_

List two neighbors or relatives who will assume temporary care of your student if you cannot be reached. Any adult name listed may remove student from school.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

In case of accident or serious illness I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Local Physician Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alergies \_\_\_\_\_

Local Dentists Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_