

LITTLE GRIZZLY FOOTBALL CAMP 2017

Take part this summer in the Little Grizzly Football Camp. Camp will focus on the fundamentals of football and games will be played. Staffed by Little Grizzly Coaches, local football athletes, and speakers with College and Pro experience.

This camp will give you the tools and get you ready for a great Little Grizzly season.

Parents camp information.....July 5-7th at Sentinel Fields off Bancroft Street

Camp grades 2nd-8th 9:30am-12n

July 5-7th Wednesday-Friday Sentinel High School Field (call 531-5300 with questions)

Cost is \$75

-----tear here-----

Early registration is suggested. If mailing, send by June 1st to:

Little Grizzly Football Camp
2406 Woodland Avenue
Missoula, MT 59802

Participation is voluntary and I may withdraw my child at any time. I understand that Little Grizzly Sports, Inc. does not provide insurance for participants. As a parent of the Camper, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my child.

As a parent, I understand the game of football has inherent risks that make it a potentially dangerous sport. Players and Parents should be aware of these risks. Blocking or tackling with the head or lowering the head to ram someone may seriously injure a player, it may leave the player paralyzed and quadriplegic for life. Do not block or tackle with your head, learn proper technique, it may save your life. All players should consume and take in water before, during, and after practice to help prevent heat stroke and heat exhaustion; it may save your life.

Other inherent risks of the game of football include broken bones, dislocation of bones or joints, torn ligaments or tendons, pulled or strained muscles and cuts or bruises. As a parent, I understand the nature of this Little Grizzly Football Camp is football and as my child's legal guardian I waive any and all liability on the part of Little Grizzly Sports, Inc. its officers, directors, coaches, and camp assistants for any injury of whatever severity to the participant.

Print Child's Name	Parent/Guardian signature	Cell #	Home #
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Email address_____

Medical or Physical Limitations_____

Little Grizzly Camp
Health History /Medical Release

Child's Name _____ Camp(2nd-8thgrade)
 Address _____ Age _____ Birthdate _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Doctor's Name _____ Insurance CO _____ Group # _____

Personal Histo:ty (has child now or in past) :				Explain
Heart Disease	YES		NO	_____
Heart Murmer	YES		NO	_____
Heart Surgery	YES		NO	_____
Diabetes	YES		NO	_____
Muscle Disease	YES		NO	_____
Lung Disease	YES		NO	_____
Epilepsy	YES		NO	_____
Other	YES		NO	_____
Does child have:				
Occasional Chest pains	YES		NO	_____
Any chest pains on Exertion		YES	NO	_____
Dizzy spells or blackouts	YES		NO	_____
Irregular heartbeat		YES	NO	_____

has your child recently had any broken, sprained or bruised bones or muscles in the past 6 or 12 months
 Yes No explain

List any current medications
 List any known allergies to medication

List any specific needs or explain any medical problems that you'd like us to know or that haven't been covered.

I understand the nature of this Little grizzly Sports Inc. program. My child's participation is voluntary and that I may withdraw my child at any time. I understand that Little Grizzly Sports Inc. does not provide insurance coverage for participants.

As the parent of legal guardian of the above named player I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child.

Parent/Guardian _____ Date _____ Email address _____

SIGNATURE REQUIRED

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