



# HALLSVILLE INDIAN FOOTBALL 9-12 FOOTBALL CAMPS

WHERE: HHS TRACK FIELD

WHEN: SESSION 1 MINI CAMP JUNE 26-28 3:30-5:30 PM

SESSION 2 MINI CAMP JULY 10-12 8:30-10:30 AM

SESSION 3 CAMP WEEK JULY 16-20, JULY 23-24 8:30-11:30 AM

COST: \$40 Includes a t-shirt

Students entering 9-12 grade in the Hallsville School District are invited to attend.

\* This form must be turned in on or before Wednesday, June 20 to receive a t-shirt. Forms can be turned in to the HS office, mailed to the following: Hallsville R-IV 421 E. Hwy. 124 Hallsville, Mo 65255 or turned in to Coach Harrison at the HS Weight room.

\*The summer camps will cover the fundamentals of football and installing offensive, defensive and special team schemes. Each session and week will build upon the previous session and week, so it is very important to be present every day.

PLAYER NAME: \_\_\_\_\_

GRADE ENTERING : \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME/NUMBER: \_\_\_\_\_

Circle Shirt Size      Adult S   Adult M   Adult L   Adult XL   Adult XXL   Adult XXXL

I hereby give permission for my son/daughter to participate fully in this camp. I acknowledge that the Hallsville Public Schools or the coaching staff cannot be held responsible for any injury that may occur during camp activities or in traveling to or from the camp. I also agree that it is appropriate for the coaching staff to administer first aid for minor injuries and give them permission to seek appropriate medical help for my son/daughter if I, or the person identified as the emergency contact cannot be reached.

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

Date \_\_\_\_\_



## *HALLSVILLE INDIAN*

### *FOOTBALL*

### *9-12 BRANSON TEAM CAMP*

COST: \$80

Students entering 9<sup>th</sup>-12<sup>th</sup> grade in the Hallsville School District are invited to attend.

\* This form must be turned in on or before Wednesday, June 20 to get a room reserved. Forms can be turned in to the HS office, mailed to the following: Hallsville R-IV 421 E. Hwy. 124 Hallsville, Mo 65255 or turned in to Coach Harrison at the HS Weight room.

\*This camp will be a two night sleep over camp in which we will compete against other teams in game like situations. We will leave on July 24 and return on July 26 in the late afternoon/early evening.

PLAYER NAME: \_\_\_\_\_

GRADE ENTERING : \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME/NUMBER: \_\_\_\_\_

Circle Shirt Size      Adult S   Adult M   Adult L   Adult XL   Adult XXL   Adult XXXL

I hereby give permission for my son/daughter to participate fully in this camp. I acknowledge that the Hallsville Public Schools or the coaching staff cannot be held responsible for any injury that may occur during camp activities or in traveling to or from the camp. I also agree that it is appropriate for the coaching staff to administer first aid for minor injuries and give them permission to seek appropriate medical help for my son/daughter if I, or the person identified as the emergency contact cannot be reached.

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

Date \_\_\_\_\_