

Summer Football Camp

Joseph Zadrozny, Camp Director
Kitt Rawlings, Mentor (New RHS Head Coach)

Perfect for youth interested in learning football fundamentals, both offense and defense, and proper techniques for the various positions. The Spudder football team, led by Chris and Coach Rawlings offer up a great camp, kids will have fun while working hard!! Sportsmanship and positive attitude, towards self and one another, are emphasized

Who: Youth entering grades 3 - 8
When: July 27 - 30, 6 - 8 PM
Where: Ridgefield High School Stadium
Fee: \$35, includes camp shirt

Please wear sports attire, sturdy shoes or cleats and bring water!

Each year this camp is a huge success...both the youngsters and the high school team have a great time working out together!!

Net proceeds are donated to the RHS Football ASB Fund

Summer Football Camp Registration

Mail to: Ridgefield Community Education, 510 Pioneer Street, Ridgefield WA 98642

Name (First) _____ (Last) _____
Age _____ Entering Grade _____ School _____ Shirt Size YM YL AS AM AL AXL
Address _____ City _____ Zip _____
Home# _____ Cell# _____ Work# _____
Parent/Guardian Names _____
Emergency Contact _____ Phone# _____
Email address _____ Do you want to be on our mailing list? Yes NO

Parent Permission:

_____ has my permission to participate in the Ridgefield Summer Football Camp. In an emergency, I grant permission for emergency treatment to be administered to my child. I agree to pay all medical bills not covered by my insurance company. I release Ridgefield School District from responsibility for any bills resulting from injuries incurred in this program. While no sports physical is required to participate, I understand that my child should be in good physical condition and that a current medical exam is recommended. I understand the risks of participating in this sports activity. I have listed information regarding allergies and/or medical conditions about my child of which staff should be aware. Does your child have any allergies or medical conditions that staff should be aware of? Yes No

If yes, please explain _____

Parent/Guardian Signature _____ Date _____

Insurance Company _____ Policy# _____

Physician's Name _____ Phone# _____