

2019 Poteet Football Summer Camp

Ages: Incoming 6th -9th Graders

Date: July 30th – August 1st

Time: 6:00 pm – 8:30 pm

Location: Poteet High School Football Practice Fields

What to Bring: Water, Snack

What to Wear: Athletic Shorts, T-Shirt, Cleats

Cost: \$40 (Incoming 6th -9th)



This will be an opportunity for incoming 6th-9th graders to meet the Poteet and Kimbrough Football coaches, learn position specific skills, learn offensive and defensive scheme, get equipment, and pick up lockers. Athletes will be coached by the Mesquite Poteet Football Coaching Staff.

To pre-register, please return this registration form to the Poteet Fieldhouse or mail it along with a check made out to Poteet Football to:

Mesquite ISD Athletics
Attn: Joe Huber
3300 Poteet Dr.
Mesquite TX 75150

For questions please contact:

Joe Huber

Email: jrhuber@mesquiteisd.org

Registration Form:

Athlete Name: _____ Grade: _____

Parent Name: _____

Parent Cell Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

Recognition and Assumption of Risk Agreement & Physician Release

I, the undersigned parent/legal guardian of _____ authorize said child's full participation in the **Poteet Football Summer Camp**, including all related activities. It is my understanding that participation in the activities that make up the **Poteet Football Summer Camp** is not without some inherent risk of injury. As such, in consideration of my child's participation in the **Poteet Football Summer Camp**, I covenant not to sue the camp program, Mesquite ISD, their officers, servants, agents or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation and accept responsibility for the cost. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Print Participants Name _____

Participant Signature _____ Date: _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date: _____