

2019 - **Lil' Eagle Football Camp**

For 5th, 6th, 7th & 8th Graders

A Non-Contact, Fundamental Football Camp

July 22th - July 24th (Mon-Wed)

* 6:00 PM – 7:30 PM



Eligibility: For students who will be in 5th through 8th grades at the beginning of next school year. **Equipment:** Athletic shirt and shorts, and cleats.

Insurance and medical care: Campers must have current medical insurance. Please provide your family's insurance provider on the application form.

Individualized Instruction: An emphasis will be placed on the proper techniques and fundamentals used in developing football skills. These include; blocking, tackling, passing, receiving, and other specialties such as long snapping, punting and kicking.

Coaches: Eagle football staff and Guest Coaches.

Cost: \$35.00 -- Includes: T-SHIRT, GATORADE, and AWARDS.

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Application Form

ATHLETES NAME: _____ **PARENTS PHONE:** _____ **Parents Email:** _____

GRADE (NEXT FALL): _____ **T-Shirt Size (YS, YM, YL, adult small, adult medium, adult large)**

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ **PHONE:** _____

FAMILY'S INSURANCE PROVIDER and Policy #: _____

As a parent or guardian, I understand that Camp staff will try to prevent accidents. However, I fully understand that participating in athletic activities involves inherent risks to participants regardless of all feasible safety measures that may be taken by Eagle Football Camp staff. In consideration of the agreement to allow my child to participate in the L'EFC, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this camp and hereby release and waive all claims against the L'EFC, its representatives, owners, operators, agents, volunteers, and owner of the location of the Camp.

In the event it becomes necessary for L'EFC staff to obtain emergency care for my child, I acknowledge that the EFC, its representatives, owners, operators, agents, volunteers, and owner of the location of the Camp does not assume financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. By signing this agreement, I represent that I am financially responsible for all expenses incurred because of an accident, injury, illness and/or unforeseen circumstances and that any insurance I may have that covers my child shall be primary with respect to coverage for such accident, injury, illness and/or unforeseen circumstance.

PARENT OR GUARDIAN SIGNATURE: _____

*Make Checks payable to **BIG SKY EAGLE ATHLETICS (BSE ATHLETICS)**.

Bring form to camp or return application form with payment to Matt Johnson, Address: Big Sky High School, 3100 South Ave West, Missoula, MT 59804.

. PLEASE WRITE ONE CHECK FOR MULTIPLE CAMPERS and PROGRAMS

*For more information call: 728-2400 x8660 Or email at: mhjohnson@mepsmt.org

Web Site: <https://bseathletics.wixsite.com/bsea>