



2015, 2016 STATE CHAMPIONS
2018 JAGUAR FOOTBALL
SUMMER CAMP REGISTRATION 9TH GRADE

- **CAMP REGISTRATION DEADLINE-** *May 1st, 2018.* Send to Mill Valley High School, c/o Coach Applebee, 5900 Monticello Rd, Shawnee, KS 66226 – Make check payable to **JAGUAR FOOTBALL** or **Register Online:** <http://tshq.bluesombrero.com/jaguarfootballcamps>
- **CAMP DATES-** May 30 – June 1, Freshman Offensive Academy; July 9-11 Team Camp
- **INDIVIDUAL/TEAM WORKOUTS** – Throughout the summer
- **CAMP TIMES-** Offensive Academy 9:00 – 10:00 am @ Jaguar Stadium/MVHS Practice Fields
Team Camp 7:30 am – 9:00 am @ Jaguar Stadium/MVHS Practice Fields

PHYSICALS:

- Each individual participating in camp is required to have a physical on file. Physicals are valid for 1 calendar year. Please contact MTMS/MCMS/MVHS or visit athletic website for forms.

COST:

- \$100.00 includes both **camps**, camp T-Shirt and individual/team summer practices
- Make check payable to **JAGUAR FOOTBALL** or **Register Online:** <http://tshq.bluesombrero.com/jaguarfootballcamp>

INSURANCE:

- Insurance is provided as a part of the cost.
- *For any questions please visit www.mvjaguar.com or contact Coach Applebee at japplebee@usd232.org

(Please cut @ line and return bottom portion with payment)

Name _____ Home phone _____ Cell phone _____
9th Offensive Academy/Team Camp
 Address _____ Email _____
 City _____ Zip _____ T-Shirt Size _____ Grade Next Fall _____
YS, YM, YL, S, M, L, XL, 2XL, 3XL

Parental Waiver, Assumption of Risk, and Consent Form

I hereby request that you accept the application of _____ in the Jaguar Football Camp. In consideration of your acceptance of the application, I hereby release Jaguar Football, Mill Valley High School, and the Desoto School Board of USD 232 and all of its employees from all claims on account of injuries which may be sustained by my son while attending the Jaguar Football Camp and any team and/or individual practices, and I agree to indemnify Jaguar Football, MVHS, and the School Board of USD 232 and its employees for any claim which may hereafter be presented by my minor son of any such injuries.

Medical Insurance Company _____ Policy Number: _____

Parents Signature: _____ Emergency Contact Phone: _____

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating to the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the organization named above, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. I represent that I am a parent/legal guardian of the child named above, and I agree that the terms of this release are binding on the child and me.

Participant's Printed Name _____

Parent's Printed Name _____

Participant's Signature _____ Date _____

Parent's Signature _____ Date _____