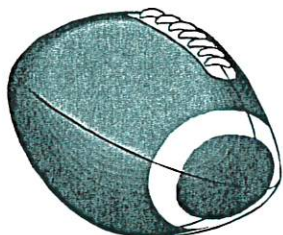




# TRINITY CHRISTIAN SCHOOL



## Middle Georgia Junior FOOTBALL CAMP

- **What:** Summer Football Camp
  - **For :** All Boys rising K4 to 6<sup>th</sup> Grade in Dublin/Laurens County & Middle GA
  - **2 Sessions will be offered**
  - **Session 1:** June 4<sup>th</sup>/June 5<sup>th</sup>/June 6<sup>th</sup>
  - **Session 2:** June 18<sup>th</sup>/June 19<sup>th</sup>/June 20<sup>th</sup>
  - **Time:** 6:00pm- 8:00pm
  - **Cost:** is \$65 for 1 session or \$100 for both sessions
  - **Objective:** Line & Skill fundamentals  
Competitive Games & Plenty of Fun
  - **Wear:** Non-Contact no helmet or pads
  - **Questions:** Call Coach Fields 678-245-1355
- \$ Payment > Please make check payable to Coach Fields and please do not combine with other TCS camps*



(Please complete this form & return with payment Attention Coach Jimmy Fields TCS, 200 Trinity Road, Dublin GA 31021.)

### Junior FOOTBALL Camp

### **PARENT CONSENT & RELEASE FORM**

(DUPLICATE AS NEEDED)

Student's Name \_\_\_\_\_ Student's Grade this Fall: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Contact Cell #: \_\_\_\_\_

Choose one or both sessions (please circle one): Session 1   Session 2   Both Sessions

T-Shirt Size (please circle one): YS   YM   YL   AS   AM   AL   AXL

*I give my permission for \_\_\_\_\_ (student's name) to participate in the Trinity Christian School Junior Football Camp(Summer 2019)and do hereby release Trinity Christian School, its administration, its staff, and any camp staff from any and all liability arising out of such participation in this event. The above-named student is fit, both physically and otherwise, to participate in all the activities of the camp, except as stated on this form.*

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date