

**Tri –City Team Football Camp**

**REGISTRATION FORM**

This form must be completed & turned in before camp begins

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Doctor Phone # \_\_\_\_\_

High School \_\_\_\_\_

Head Coach \_\_\_\_\_

Grade in 2009 \_\_\_\_\_

Adult T-Shirt Size \_\_\_\_\_

**TRI-CITY  
TEAM  
FOOTBALL  
CAMP**



**July 15-19, 2009**

3 Locations:

Hanford HS, Richland

Walla Walla HS, Walla Walla

Lampson Stadium, Kennewick

## Camp Locations & Times

### Monday June 15:

- AM Session:**  
Walla Walla High School  
9 am– Noon
- PM Session:**  
Hanford High School, Richland  
5 pm– 8 pm

### Tuesday June 16:

- AM Session:**  
Walla Walla High School  
9 am– Noon
- PM Session:**  
Walla Walla High School  
5 pm– 8 pm

### Wednesday June 17:

- AM Session:**  
Walla Walla High School  
9 am– Noon
- PM Session:**  
Hanford High School, Richland  
5 pm– 8 pm

### Thursday June 18:

- AM Session:**  
Walla Walla High School  
9 am– Noon
- PM Session:**  
Walla Walla High School  
5 pm– 8 pm

### Friday June 19:

- AM Session:**  
Walla Walla High School  
9 am– Noon
- TEAM CAMP JAMBOREE:**  
Lampson Stadium, Kennewick  
Freshmen 4 pm– 6 pm  
JV 6 pm - 8 pm  
Varsity 8 pm - 10 pm

## Registration Information

Participants in the Tri-City Team Football Camp are to submit registration and payment to the Head Football Coach at their participating High School.

Payment should be in the form of a check or money order made out to "Walla Walla High School Football".

## Camp Fee

The fee for Tri-City Team Football Camp is \$175. This fee includes 2 weeks of practice instruction, the week-long Team Camp, Camp T-shirt, Underarmour Team T-Shirt, McDavid Girdle, Team Shorts, and Knee Pads

## Participating Teams

WALLA WALLA	MOSES LAKE
CHIAWANA	PASCO
CONNELL	PENDLETON
COLUMBIA-BURBANK	PROSSER
DAYTON	RICHLAND
EASTMONT	RIVERVIEW
HANFORD	SOUTHRIDGE
HERMISTON	STANFIELD
KAMIAKIN	TRI-CITY PREP
KENNEWICK	WATSBURG-
KL-BE	PRESCOTT

## INSURANCE INFORMATION

I verify that my son \_\_\_\_\_

Has medical insurance with: \_\_\_\_\_

Ins. Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Which effectively covers any medical cost incurred as a result of participation in the Tri-City Team Football Camp. Furthermore, I authorize camp staff to seek any necessary emergency medical treatment my son may need during the course of camp.

As parent/legal guardian of \_\_\_\_\_

I acknowledge the potential risk of injury related to physical activity associated with participation in the Tri-City Football Camp.

Player Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

\* Please fill out both sides of this form, clip, and return to your son's Head Football Coach.