

HIGHLINE HIGH SCHOOL FOOTBALL & HPS ATHLETICS PRESENTS  
**2019 Highline Pirates Youth Football Camp**



**July 16 – July 18      6:30 – 8:00 PM**

Highline Memorial Stadium  
Students Entering Grades 3-8

**Registration \$30**



## Camp Info

Highline High School (HHS) Head Coach Deontae Cooper, the HHS football staff and players are providing skills and sportsmanship instruction to you in Highline Public Schools. The camp is open to all elementary and middle school students to learn the new Highline Pirate way alongside varsity coaches and players!

Attire: T-shirt, shorts and athletic shoes (no helmets or special equipment required. This is a non-contact camp.)

Please arrive 45 minutes early on the first day if you have not pre-registered.

### Questions?

Head Coach Deontae Cooper – 951.961.8252 – [Deontae.cooper@highlineschools.org](mailto:Deontae.cooper@highlineschools.org)

AD Lori Box - [Lori.jensenbox@highlineschools.org](mailto:Lori.jensenbox@highlineschools.org)

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*\*\*\*Checks payable to: Highline Public Schools Athletics\*\*\*  
Mail or Drop-off Check, Registration, and Risk Form to HPS Athletics  
15675 Ambaum Blvd. SW, Burien, WA 98166*

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Last) (First) (M.I)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering Fall '19: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Last) (First) (M.I)

Shirt Size:

Size	Youth L	Youth XL	Adult S	Adult M	Adult L	Adult XL	Adult XXL
Checkmark for size							

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2019 HIGHLINE FOOTBALL CAMP sponsored by Highline Public Schools, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that drill entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. \_\_\_\_\_ (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. \_\_\_\_\_ (Parent initial)

### Medical Information

The following special health problems should be noted: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone(s) \_\_\_\_\_

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize Highline Public Schools to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone(s) \_\_\_\_\_

### Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **Highline Public Schools requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

*All participants are required to have medical or student accident insurance. Student accident insurance is available through Myers-Stevens & Toohey & Co., Inc. Contact your school's main office for information.*

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Although I understand that Highline Public Schools will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for \_\_\_\_\_ who attends \_\_\_\_\_ to  
(Student) (School)

participate in the 2019 HIGHLINE FOOTBALL CAMP July 16, 17, 18 for the purpose of practicing fundamental drill skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_