

# 2018 Junior Falcon Summer Camp Form

4<sup>th</sup>/5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> GRADE JR. FALCON PROGRAM



**Location:** Rockwood Summit High School

**Age:** This camp is designed for 4<sup>th</sup>-8<sup>th</sup> grade athletes who intend to play Jr. Falcon Football

**Dates/Times:** Monday, July 23<sup>rd</sup> – Friday July 27<sup>th</sup>, 6-8pm  
On Friday the 27<sup>th</sup>, the **Annual Falcon Football Boosters Meet 'n' Greet** will begin at 7pm

**Deadline:** JULY 20<sup>th</sup>, 2018

**Staff:** High School Coaches, Jr. Falcon Coaches, & many former and current Football players

**Cost:** \$70 PLEASE MAKE SURE THAT CHECK IS PAYABLE TO: **SJM RESOURCES, LLC**

**Registration:** Please fill out the form below and return with payment to: →  
\*\*\*ONLINE REGISTRATION WILL ALSO BE AVAILABLE DURING  
JR. FALCON REGISTRATION @ [WWW.SUMMITFALCONFOOTBALL.COM](http://WWW.SUMMITFALCONFOOTBALL.COM)

**Jr. Falcon Football Camp**  
**Attn.: Eric Stewart**  
**1780 Hawkins Rd**  
**Fenton, MO 63026**

**Questions:** Call Eric Stewart at 314-971-9336 or email at [StewartEric@rsdmo.org](mailto:StewartEric@rsdmo.org)

**THIS CAMP IS NOT SPONSORED BY THE ROCKWOOD SCHOOL DISTRICT**

(Cut along dashed line and return the lower portion with payment)

## 2018 JR FALCON SUMMER CAMP

**Player's Name:** \_\_\_\_\_

**Grade Next Year:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_ (please make sure to denote Youth or Adult)

**Health concerns:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

### RELEASE, INDEMNITY AGREEMENT, AND MEDICAL AUTHORIZATION

I/WE BEING THE PARENTS AND/OR LEGAL GUARDIAN OF \_\_\_\_\_  
AUTHORIZE SJM RESOURCES LLC AND ITS EMPLOYEES AND AGENTS PERMISSION TO REQUEST EMERGENCY MEDICAL TREATMENT OR CARE AS NECESSARY TO INSURE THE WELL-BEING OF OUR/MY SON. FURTHER, I CLAIM THAT OUR/MY SON IS FOUND FIT FOR ALL PHYSICAL ENDEAVORS AND HAS HAD A VALID PHYSICAL IN THE PAST YEAR AS WELL AS BEING COVERED BY VALID MEDICAL INSURANCE. I HAVE ALSO READ THE MSHSAA MATERIALS ON CONCUSSION, WHICH INCLUDES INFORMATION ON THE DEFINITION OF A CONCUSSION, SYMPTOMS OF A CONCUSSION, WHAT TO DO IF YOU HAVE A CONCUSSION, AND HOW TO PREVENT A CONCUSSION. I HEREBY RELEASE SJM RESOURCES LLC AND ALL ITS EMPLOYEES AND AGENTS FROM ALL CLAIMS ON ACCOUNT OF ANY INJURIES WHICH MAY BE SUSTAINED BY OUR/MY SON WHILE PARTICIPATING IN THE FOOTBALL CAMP AND ANY FUTURE CLAIMS HEREAFTER PRESENTED BY OUR/MY SON AS A RESULT OF ANY SUCH INJURIES.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name (Printed):** \_\_\_\_\_