

To register call: 770-460-3990, ext. 6006 or visit www.fayettecs.org

For more information, email

[mundok.matt@mail.fcboe.org](mailto:mundok.matt@mail.fcboe.org)

[mann.ronald@mail.fcboe.org](mailto:mann.ronald@mail.fcboe.org)

Whitewater

Middle

School



**Summer Football Camp**

**Rising Grades 3rd- 8th**

**(grouped by ages)**

**Mon, June 1st –Thurs, Jun 4th**

**9 a.m. – 12 p.m.**

**Cookout and Pass/Punt/Throw Competition**

$110 (includes camp shirt and lunch on Thursday)

Limited space available!

**(cleats *AND* sneakers required)**

**Football Fundamentals, Conditioning, Strength and Speed Training**

Registration for Whitewater Middle School Football Camp

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNAURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

***Register at:*** Community Schools, 205 LaFayette Avenue, Fayetteville, GA 30214

**\*\*Checks MUST have Driver’s ID # and TWO phone contacts\*\***

The above signed parent or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Education and all employees and members of the same, for any injuries or damages. By signing the release, the parent/guardian consents to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of an emergency, and I cannot be reached, I give the Community School authorities permission to seek immediate medical attention for my child.