

# County of Newberry Recreation

## Mid-Carolina Future



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This camp is for all players regardless of ability. The Camp will be instructed by the MCHS JV & Varsity Coaching staff and current MCHS players. Each camper will receive instruction in combine drills - 40 YD dash, Pro Shuttle Broad Jump, Individual Position, Specific Fundamental instruction –Long snapping, punting and kicking.

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**WHERE: Mid-Carolina High School Football Stadium**

**AGES: 7-12 years**

**DATE: JULY 22<sup>ND</sup>-24<sup>TH</sup>**

**TIME: 8:00-11:00 AM**

**COST: \$50**

Please wear T-shirt, shorts, and cleats (or athletic shoes). You need to bring a water bottle & sunscreen.

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***REGISTRATION WILL BE ON THE MORNING OF THE CAMP, BEGINNING @8:15 AM.***

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Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ F/Cell: \_\_\_\_\_ M/Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

### PLEASE READ WAIVER AND RELEASE BEFORE SIGNING

In signing up and participating in Newberry County Programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you might sustain as a result of participating in any and all activities. Including transportation services where provided.

I acknowledge that there are certain risks of physical injury to participate in these programs and I voluntarily agree to assume the full risk of any and all injuries. The damages or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against Newberry County, & Newberry County School District, its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. I understand I am responsible for all cost incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by Newberry County to promote the County's events facilities, without compensation and without additional approval.

**I HAVE READ AND FULLY UNDERSTAND THIS WAIVER**

Parent's or Legal Guardian's Signature: \_\_\_\_\_ DL#: \_\_\_\_\_ Date: \_\_\_\_\_