



DATES:

WEEK #1:

THURSDAY, JUNE 16TH

FRIDAY, JUNE 17TH

WEEK #2:

THURSDAY, JUNE 23TH

FRIDAY, JUNE 24TH

AGES:

3RD - 8TH GRADES

COST:

\$100

TIME:

DROP-OFF: 8:30 AM

SOUTH END ZONE

PICK-UP: 12:30 PM

SOUTH END ZONE

WHAT TO BRING:

- CLEATS
- TENNIS SHOES
- SWIMMING TRUNKS
- SNACK

ITINERARY:

8:30 - TRADITIONS PLAZA

9:00 - SKILLS/DRILLS/FUNDAMENTALS

10:15 - SNACK

10:30 - GAMES & SKILLS CHALLENGE

11:30 - SWIMMING POOL

12:30 - STUDENTS ARE PICKED UP

PLEASE DETACH FORM
AND MAIL ALONG WITH

PETER HAUGEN
800 WEST COLLEGE AVE

PAYMENT TO:

ST. PETER, MN 56082

CHECKS CAN BE MADE

PAYABLE TO:

GUSTIE FOOTBALL CAMP

INDIVIDUAL REGISTRATION FORM: EACH PLAYER MUST COMPLETE THIS FORM BEFORE THEY CAN PARTICIPATE.

NAME _____ CITY _____ STATE _____ ZIP _____

ADDRESS _____

HOME PHONE _____ T-SHIRT SIZE: (CIRCLE) Y L S M L XL

GRADE IN '15-'16 _____

MOTHER/GUARDIAN NAME _____ CELL PHONE _____

HOME PHONE _____ E-MAIL _____

FATHER/GUARDIAN NAME _____ CELL PHONE _____

HOME PHONE _____ E-MAIL _____

SESSIONS ATTENDING: (MARK THOSE THAT APPLY) SESSION #1 (\$50) _____ SESSION #2 (\$50) _____ BOTH SESSIONS (\$100) _____

IN CASE OF EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE

PROPER TREATMENT FOR, AND TO ORDER INJECTIONS AND ANESTHESIA FOR MY CHILD. I WILL BE FINANCIALLY RESPONSIBLE FOR ALL MEDICAL

CLAIMS FOR MY CHILD. A RECENT PHYSICAL EXAMINATION FOR MY CHILD INDICATES NO REASON HE/SHE SHOULD NOT PARTICIPATE IN

ACTIVITIES AT THE CAMP.

PARENT/GUARDIAN SIGNATURE _____