



2018 TITAN FOOTBALL SO/SR CAMPS

O-Line/Wings Only: June 20-22 6-8 PM

Team Camp: June 25-29 9 AM- 1 PM

Cost: 75\$ 50\$(reduced lunch) 25\$ (free lunch)

Grades: 10-12

*Online Calendar: <http://westsalemhigh.com/football/>

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Please complete this application, including parent or guardian's signature. Mail to: 1776 Titan Dr. N.W. Salem, Oregon 97304. Or deliver to Coach Stanley or Ramirez. Checks are made out to WEST SALEM HS FOOTBALL BOOSTERS.

Camper's Name: _____ Grade next fall: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____

I hereby authorize the staff of WSHS to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liabilities for any injuries or illnesses incurred while at camp. I know of no mental or physical problems which might affect my child's ability to participate in this camp. I understand that insurance will not be provided for campers.

Parent/Guardian Signature: _____ Date: _____

*Camp fee covers camp and conditioning sessions, camp shirt/shorts, and travel bag if he did not get one last year. If you need help regarding the fee PLEASE email me and we can figure something out. Thank you.
Stanley_shawn@salkeiz.k12.or.us