

## Parent Consent/Release

I give my child permission to attend the Blevins Bruins Kids Football Camp.

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Parent/ Guardian Signature    Date

I hereby release Poudre School District, Blevins Junior High School, and all coaches and/or staff members from all liability from any injury or illness that may result from my child's participation in all camp activities. In the event that I cannot be reached in a medical emergency, I hereby grant permission to the camp directors to act on my behalf. I understand the Bruins Kids Football Camp does not provide camp medical insurance and that I am responsible for all medical expenses.

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Insurance Company Name

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Policy Number

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Parent/Guardian Signature    Date

# Blevins Bruins



## Kids Football Camp 2008

(4<sup>th</sup>-6<sup>th</sup> Grade Students)

Featuring the Blevins Junior High School.  
Football Staff and Players

May 21-23, 2008

**4:00pm – 6:00pm**