**CAMP SCHEDULE**

**4:00 - 4:45 – INDIVIDUAL TEAM DRILLS**

**4:45 - 4:50 – BREAK**

**4:50 - 5:20 – INTER - TEAM 9 ON 9/ CB/WR 1-ON-1**

**5:20 - 5:25 – BREAK**

**5:25 - 5:55 – INTER-TEAM -7 ON 7 / LINEMAN DRILLS**

**6:00 – 6:30 – TEAM COMPETITION**

**2021 PARTICIPATING TEAMS**

* **FAIRFAX HS**
* **WEST SPRINGFIELD HS**
* **MADISON HS**

**TEAM CAMP PRESENTED BY FAIRFAX HIGH SCHOOL ATHLETIC BOOSTERS**

**CAMP COST -$40**

**REGISTRATION FORM**

**PLAYER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIGH SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE\_\_\_\_\_\_\_\_\_\_\_\_ POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agreement/Medical Waiver**

I hereby state that my child(ren) is in good normal health and has my permission to participate in all activities of this camp. In addition, I authorize the Fairfax Camp Staff to act for me in securing medical treatment for my child in the event of injury or illness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending any Fairfax Camp they release the Camp, Sponsor, Counselors and Director from any and all liability, and that the Fairfax Athletic Boosters cannot assume responsibility for medical, dental or other health expenses incurred as a result of my child's participation in camp.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***MAKE CHECKS PAYABLE TO: Spartan TCB.***

**FORMS SHOULD BE RETURNED TO YOUR HIGH SCHOOL COACH FOR DELIVERY TO CAMP.**