



2019 Dixon High School Summer Football Camp

Application Form

Date: June 11th—July 26th

Time: 8:00-10:10 A.M.

Cost = \$65.00 (includes T-Shirt) Subtract \$10.00 if you have more than one child attending.

We will be installing our playbook along with basic fundamentals, strength training and cardiovascular conditioning.

Name _____ E-Mail _____

(Athlete)

Address _____ E-Mail _____

(Parents)

Home # _____ Work # _____ Cell#'s _____

Person to contact in case of emergency:

Name _____ # _____

2019-2020 School Year Grade _____

T-Shirt Size (Adult Sizes)

Small Medium Large X-Large XX-Large

I hereby authorize the director of the Dixon football camp to act for me according to his best judgment in any case of emergency requiring attention. I hereby waive and release the camp and the Dixon School District of any injuries or illness incurred while at the camp. I will be responsible for any medical or other charges in connection with my student/athlete attendance at the camp.

Parent or Guardian Signature _____ Date _____

*******Please return camp application and payment to Dixon High School Athletic Office, 300 Lincoln Statue Drive, Dixon, IL 61021 % of Dave Smith. The forms should be turned in ASAP, players will receive their helmet and shoulder pads when they turn in their money. Make checks payable to "Dixon High School."**