

Campers will learn the following:

- Rules of the game of Football
- Sportsmanship
- Teamwork
- Disciplines of the Game
- Offensive / Defense Positions
- Proper Techniques of throwing, blocking, running and catching

Each Camper needs the following
Equipment each day of camp:

Shorts
Tee Shirt
Socks
Cleats

- *Campers need to drink plenty of water on the days of camp.
- * Campers will be provided water breaks throughout the camp

For more Information please contact
Brad Yates at 706-675-6611
or the
Heard County Recreation Department
at 706-675-3778
Visit
www.franklingeorgia.com
for More Information

Heard County



Football Camp
2011

FREE Football Camp!

Ages 5-12

July 21st

July 22nd

July 23rd

Dates & Times:

July 21st - 6:00pm-8:00pm

July 22nd - 6:00pm-8:00pm

July 23rd - 9:00am-11:00pm

Location:

Heard County
Recreation Complex
2020 Thompson Road
Franklin, GA

Deadline to Register is

Friday July 8th

(Late registrations

WILL NOT receive a tee-shirt)

Registration forms may be dropped off at
Yates Insurance Services in Franklin at the
BP Station or the Heard County
Recreation Department.

Questions?

Call 706-675-6611

or

706-675-3778

Registration Form

Name: _____

Address: _____

City, St, Zip _____

Parent Name: _____

Parent Cell Phone: (____) _____ - _____

Parent Home Phone: (____) _____ - _____

DOB: ____ / ____ / ____

Age as of as of Sept. 1, 2011 _____

AGE: HT: _____ WT: _____

Child ever played football before? Yes No

Any health issues? Yes No

List all known Health Issues and/or meds
being taken currently:

T Shirt Size

Please circle one

Youth Sizes: S, M, L, XL

Men's: S, M, L, XL, 2XL, 3XL

I/We, the undersigned, hereby certify that I/we am/are the parent/legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of Camp, appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, understand that football is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these camp activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident the he/she is able to engage in such sport.

For the sole consideration of my child's participation in the Camp as outlined, above I agree to indemnify and hold harmless Heard County Recreation Department from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through Heard County Recreation Department.

I hereby certify that I am eighteen (18) years of age or older and that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.

Parent/Guardian Signature

Date