

HANFORD YOUTH FOOTBALL CAMP



for students entering grades K-8



Hanford Falcon coaches believe in developing our roster one player at a time. This roster development begins in youth and middle school programs, so that our athletes are physically and mentally ready to compete at the highest level by the time they enter our high school program. Our camp will focus on football fundamentals for players of all skill levels. Athletes signing up for camp will allow our high school staff to build a relationship with our youth and foster a success Hanford football family.

Location: Hanford High Practice Field

Dates: July 26th & July 27th

Times:
6:00 - 8:00 PM

Camp Fee:
\$50 before July 16th
\$60 at the Gate
(includes camp t-shirt)

Camp Equipment:
Athletic Shorts,
Athletic Shirt,
Football Cleats,
Water bottle,
Face mask/Gaiter

HOSTED BY: HANFORD HIGH FOOTBALL COACHES AND PLAYERS

Participant's Name: _____ '22 Grade: ____ Gender: M/F

Parent(s) Name: _____

Address: _____ City: _____ Zip: _____

Physician phone: _____ Parent phone: _____

Physician name: _____

Parent email: _____

Emergency Contact: _____

Emergency Phone: _____

T-Shirt Size: _____

Registration Information

Participants must signup for Family ID on Hanford.rsd.edu

Registration and payment can be delivered or sent by mail to Hanford High School:

Hanford Youth Football Camp

Attn. Brenda Izquierdo

Hanford High School

450 Hanford Street

Richland, WA 99354

Payment must be in the form of a personal check, money order, cashiers check made out to Richland School District or pay with CREDIT/DEBIT online: <https://wa-richland.intouchrecepting.com/>

Insurance Information

Participants are required to have health insurance coverage for injury and/or accident to enroll in our annual F.A.S.T. I

Verify that _____ (Participant) has medical insurance

with: _____ (Company) which effectively covers any

medical cost incurred as a result of participation in the 2021 F.A.S.T. Furthermore, I authorize the Hanford High School staff to seek any necessary emergency medical treatment my child may need during the course of F.A.S.T.

As the parent/legal gaurdian of _____ (Participant) I acknowledge the potential risk of injury related to the physical activity associated with participants in F.A.S.T. and assume all risks and hazards are incidental to the conduct of the camp activities. Parent Signature _____

If there are any questions or concerns regarding F.A.S.T. please contact Coach Nick Baker

(Nicholas.Baker@rsd.edu)