

EAST AURORA HIGH SCHOOL SUMMER FOOTBALL CAMP 2010

CAMP INFORMATION

SESSION 1 – JUNE 21 TO JUNE 26 (9:00 – 12:00)
Middle School & High School

SESSION 2 – JULY 19 TO JULY 24 (9:00 – 12:00)
High School Only

SESSION 3 – JULY 26 TO JULY 31 (9:00 – 12:00)
High School Only

LOCATION: EAST AURORA HIGH SCHOOL

CAMP COST – \$40.00 DOLLARS
(INCLUDES CAMP T-SHIRT AND SHORTS)

CONTACT: BILL BRYANT – HEAD FOOTBALL COACH
[630.299.8188](tel:630.299.8188)/wbryant@d131.org



East Aurora Summer Football Camp and 7-On-7 Registration Form - 2010

Varsity 7-On-7 Session 1: June 1st, 2nd, 3rd (8:00 – 10:00 AM)

Varsity 7-On-7 Session 2: June 8th, 9th, 10th (6:00 – 7:30 PM)

Session 1: June 21 – June 26 (9:00 to 12:00 Varsity/Soph./Incoming Freshmen/Middle School)

Session 2: July 19 – July 24 (9:00 to 12:00 Varsity/Soph./Incoming Freshmen)

Session 3: July 26 – July 31 (9:00 to 12:00 Varsity/Soph./Incoming Freshmen)

Camp Cost: Varsity, Sophomores, Incoming Freshmen - \$40.00, Middle School - \$20.00

(Make Checks payable to East Aurora High School)

Name: _____ Grade 2010-2011): _____ ID #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Email: _____ Please send monthly Newsletter via E-mail

Home Phone: _____ Cell Phone: _____

Parent Name (s): _____

Mother Work #: _____ Father Work #: _____

Emergency Contact Person: _____ Phone: _____

T-Shirt Size S M L XL XXL XXXL

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

My child has elected to participate in the East Aurora High School Football Camp and/or 7-On-7 programs.

As parent or guardian of the above named child, I state that I have secured insurance coverage, or made other arrangements to adequately cover and pay for any injury of any kind whatsoever to my child related to my child's participation in the East Aurora Football Camp.

I further acknowledge that my child assumes all risk of injury from my child's participation in the East Aurora Football Camp and 7 on 7 passing leagues including injury from the use of any equipment or facilities, and together we waive and give up any claims of any kind whatsoever against School District #131, its employees and agents, for any such injury.

We further release School District #131 of any and all financial obligation due to my child's injuries sustained while participation in the summer football program, and should there be a claim made against District #131 by any part arising from my child's injury. I hereby indemnify the School District from such a claim, and agree to pay the School District any loss, including attorney's fees that the School District may sustain as a result of such injury to my child.

Parent/Guardian's Signature _____ Date: _____

Student's Signature _____ Date: _____

Return to: Bill Bryant, Head Football Coach
 East Aurora High School
 500 Tomcat Lane
 Aurora, Ill. 60505

Phone: 630-299-8188
wbryant@d131.org