

SPRING FOOTBALL SHOWCASE

CLOVIS NORTH FOOTBALL CAMP



1ST – 11TH GRADE



DATE: SATURDAY, JUNE 3RD

LOCATION: CLOVIS NORTH TRACK

TIME: 9:00am – 12:00pm

REGISTRATION: 8:00am – 9:00am

\$10 PRE-REGISTRATION BEFORE JUNE 3RD

\$20 ON JUNE 3RD

MAKE CHECKS PAYABLE TO: CLOVIS NORTH QUARTERBACK CLUB.
DROP OFF MONEY AT CLOVIS NORTH ATHLETIC OFFICE FOR PRE-REGISTRATION OR
MAIL TO 2770 E. INTERNATIONAL AVE., FRESNO, CA 93730. NO REFUNDS.

CAMP INFORMATION: PLAYERS WILL SHOWCASE TALENT BY PARTICIPATING IN FOOTBALL RELATED DRILLS AND ACTIVITES. COLLEGE COACH WILL TALK ABOUT BEING RECRUITED. NO PADS. CLEATS RECOMMENDED.

FOR MORE INFORMATION CONTACT COACH PIERCE AT 559-304-1017 OR EMAIL HIM AT williampierce@cusd.com.

PLAYER NAME:

PLAYER EMAIL:

PARENT EMAIL:

CURRENT GRADE:

CURRENT SCHOOL:

AS THE PARENT/GUARDIAN OF:

PLEASE **PRINT** PLAYERS NAME HERE

I HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN THE SPRING FOOTBALL SHOWCASE CAMP. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITES AFOREMENTIONED, AND TRANSPORTATION TO AND FROM SAID ACTIVITY. I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS CLOVIS NORTH FOOTBALL, ITS ORGANIZERS, SPONSORS AND ITS LEADERS, ANY OR ALL OF THEM. IN CASE OF INJURY TO MY CHILD, I HEREBY WAIVE ALL CLAIMS AGAINST ITS ORGANIZERS, SPONSORS AND ANY OF ITS LEADERS APPOINTED TO THEM. IT IS FURTHER UNDERSTOOD THAT CLOVIS NORTH FOOTBALL WILL NOT PROVIDE INSURANCE.

PARENT/GUARDIAN SIGNATURE

DATE

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME

PHONE NUMBER

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

