

PIONEER FOOTBALL CAMP

This Football camp is intended for all athletes grades 9-12 interested in playing football for Oregon City High School. It is a camp coached by members of the Oregon City High School staff. Our focus will be on building excitement for playing football and the teaching of fundamentals within the philosophy of our program.

CAMP INCLUDES

A critical kick off to the fundamentals and foundations to our season.
Free T-shirt for all campers.

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY |
|---|---|---|---|
| AUG. 16 8:00-11:00 AM At Pioneer Stadium On the Turf | AUG. 17 8:00-11:00 AM At Pioneer Stadium On the Turf | AUG. 18 8:00-11:00 AM At Pioneer Stadium On the Turf | AUG. 19 8:00a.m.-11:00 AM At Pioneer Stadium On the Turf |

COST: \$70.00

***PRE REGISTER AND SAVE \$20.
TURN IN REG. FORM AND \$50.00***

***MAIL OR HAND DELIVER TO THE
HS ACCOUNTING OFFICE
PRIOR TO 4:00PM JUNE 16.***

***BRING TO THE ATHLETIC OFFICE
DURING FALL SPORTS SIGNUPS
ON JUNE 17TH***

Pioneer Football Camp

Make checks payable to: Pioneer Football Camp
Please send checks and registration to:

PRIOR TO JUNE 16 SEND TO:
19761 S. Beaver Creek Road
Oregon City, OR 97045

AFTER JUNE 16 PLEASE SEND TO:
16177 Oak Valley Drive
Oregon City, OR 97045

**This form must be completed prior to participation in
PIONEER FOOTBALL CAMP**

| | | |
|---|------|----------------|
| Player's Name: | Age: | Grade in Fall: |
| Street Address: | | |
| City, State, Zip: | | Phone: |
| Mom's Name: | | |
| Address, if different: | | |
| Home Phone: | | Cell/work: |
| Dad's Name : | | |
| Address, if different: | | |
| Home Phone: | | Cell/work: |
| Emergency Contact: _____ | | Phone: _____ |
| <i>In case neither parent can be reached.</i> | | |
| <p>Waiver: I understand that football is a sport and injuries are common to sports. I hereby authorize the staff of Oregon City High School to act accordingly in their judgment in any emergency requiring medical attention. I hereby waive and release Pioneer Football Camp from any liability for any injury or illness that occurs while my child attends. I also certify that he/she is covered by health and accident insurance. Please specify any special health need in the space provided below.</p> | | |
| | | |
| Parent or Guardian Signature: | | Date: |
| Health Care Provider: | | |
| Insurance Company: | | |
| Policy # | | |