



C O R V A L L I S  
**BLUE DEVILS**

# 2018 FOOTBALL CAMPS

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## **GRADES 1-5**

June 11, 12, 13  
9:00am-11:00am

## **GRADES 6-8**

June 11, 12, 13  
12:00pm-2:00pm

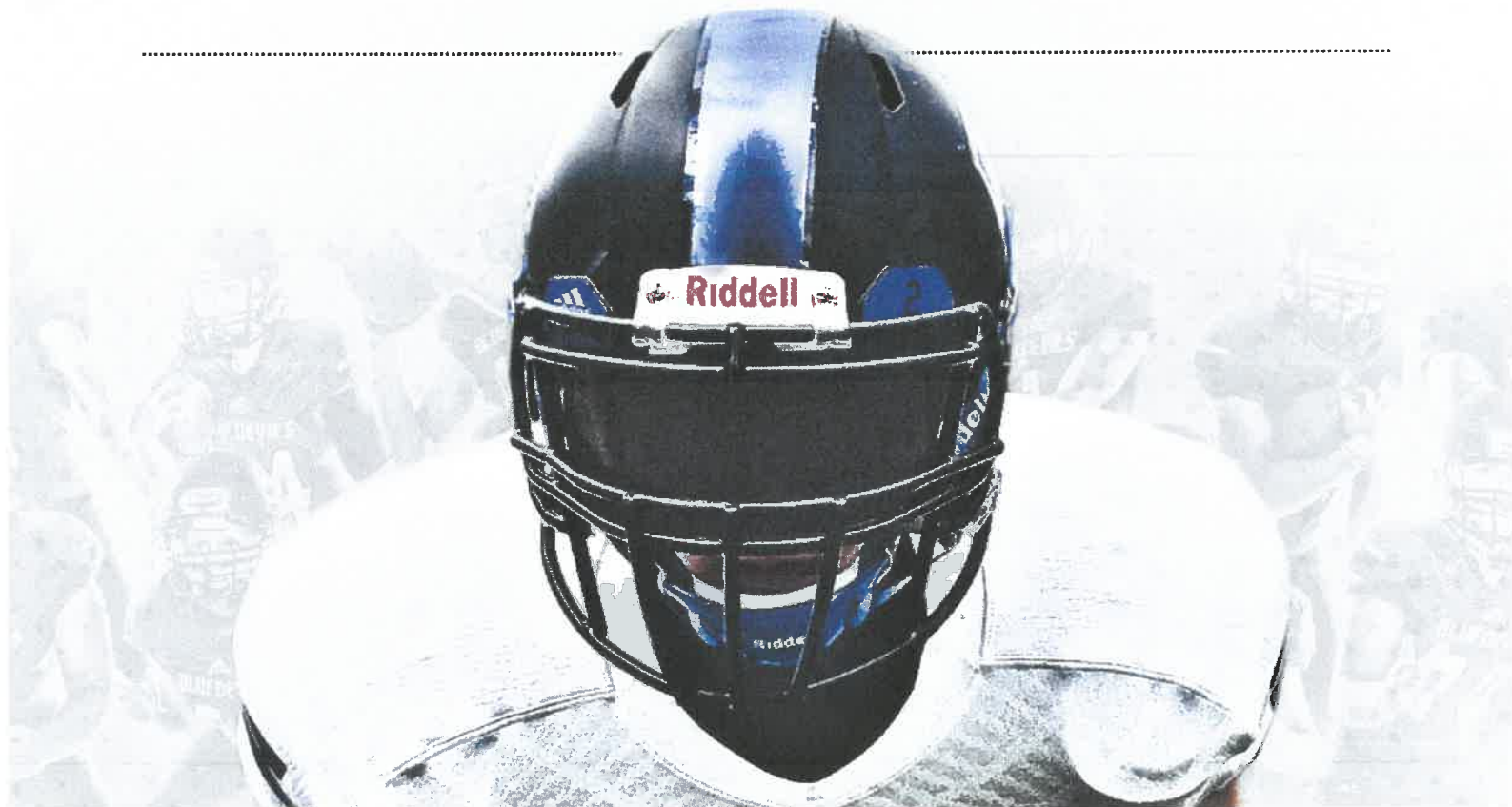
## **GRADES 9-12**

June 15, 16, 18  
3:30pm-6:00pm

**\$35** per child June 9th or before. **\$45** per child after June 9th.

**PLEASE TURN IN PAPERWORK AND MONEY TO CHS MAIN OFFICE  
OR BRING THE FIRST DAY OF CAMP**

For more information, contact Coach Curley at 406.363.8520





# 2018 CORVALLIS FOOTBALL CAMPS

**TUITION:**

The cost of the camp will be \$35 per player. Players that turn in money before June 9th will be charged \$35. Players that turn in money after June 9th will be charged \$45. **Turn in brochure and money to school secretary or Coach Curley.**

**HEALTH AND SAFETY:**

Each camper must provide his own health insurance. Medical Release, Personal History and Insurance Information must be completed on application.

**WHERE:**

Corvallis High School Football Field

**WHAT TO BRING:**

- Football Cleats
- Water Bottle
- Good attitude

**BENEFITS:**

- One-On-One coaching from HS Coaches
- Camp T-Shirts
- Fundamentals and Techniques
- Corvallis High School Scheme

**FOR INFORMATION, CONTACT:**

Corvallis Head Football Coach  
**Clayton Curley**  
363-8520  
claytonc@corvallis.k12.mt.us  
679 Shepherds View Trail  
Corvallis MT 59828

**MAKE CHECKS OUT TO:**

Corvallis Football

**CAMP ATTENDEE INFORMATION**

Camper's Name: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ Age: \_\_\_\_\_ Year in School: \_\_\_\_\_

Address: \_\_\_\_\_

**SELECT WHICH CAMP YOUR CHILD WILL ATTEND:**

**1st-5th Grade Youth Camp**  
June 11, 12, 13 • 9:00 AM - 11:00 AM

**6th-8th Grade Junior High Camp**  
June 11, 12, 13 • 12:00 PM - 2:00 PM

**High School Mini-Camp**  
June 15, 16, 18 • 3:30 PM - 6:00 PM

**MEDICAL RELEASE FORM/HEALTH HISTORY (MUST COMPLETE MEDICAL RELEASE/INSURANCE INFO, PARENT'S/GUARDIAN'S SIGNATURE REQUIRED ON APPLICATION)**

Camper's Name: \_\_\_\_\_

Camper's Parent/Guardian Name: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_\_

Parent/Guardian's Phone Numbers: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**PERSONAL HISTORY**

(Have they now or ever had in the past?)

Heart Disease	YES	NO
Heart Surgery	YES	NO
Muscle Disease	YES	NO
Epilepsy	YES	NO
Heart Murmur	YES	NO
Diabetes	YES	NO
Occasional Chest Pain	YES	NO
Dizzy Spells or Blackouts	YES	NO
Irregular Heart Beat	YES	NO
Any Chest Pains on Exertion	YES	NO
Any Chest Pressure on Exertion	YES	NO
Other:	_____	

Has your child had any broken, sprained, or bruised bones or muscles in the past six months?  
\_\_\_\_\_

Please list any medications your child is currently taking:  
\_\_\_\_\_

Please list any known allergies to medication:  
\_\_\_\_\_

**MEDICAL INSURANCE IS REQUIRED TO ATTEND (Must be completed to attend camp)****INSURANCE INFORMATION**

INSURANCE CARRIER \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_

GROUP POLICY # \_\_\_\_\_

POLICY # \_\_\_\_\_

CLAIMS PHONE # \_\_\_\_\_

I UNDERSTAND THAT I AM REQUESTING ENROLLMENT IN THE CORVALLIS FOOTBALL CAMP. I WILL COMPLY WITH CAMP RULES. MY CHILD HAS PERMISSION TO ATTEND THE CORVALLIS FOOTBALL CAMP. IN THE EVENT OF ILLNESS OR INJURY, I HEREBY GIVE MY CONSENT FOR MEDICAL TREATMENT AND PERMISSION TO THE ATTENDING PHYSICIANS TO HOSPITALIZE, SECURE PROPER TREATMENT AND ORDER INJECTIONS, ANESTHESIA OR SURGERY. **MEDICAL INSURANCE IS MANDATORY FOR ALL CAMPERS.**

I UNDERSTAND THE NATURE OF THE CORVALLIS FOOTBALL CAMP THAT MY CHILD'S PARTICIPATION IS VOLUNTARY AND THAT I MAY WITHDRAW MY CHILD AT ANY TIME. I HAVE KNOWLEDGE OF THE BENEFITS TO EXPECT AND THE DISCOMFORT AND/OR RISKS WHICH MAY BE ENCOUNTERED, (BROKEN BONES, SPRAINS, STRAINS, HEART FAILURE, HEAD INJURY, ETC.) AND AGREE THAT MY CHILD PARTICIPATE ON THAT BASIS. I HAVE COMPLETED THE MEDICAL RELEASE FROM/HEALTH HISTORY TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THE NATURE OF THE CORVALLIS FOOTBALL CAMP DOES NOT PROVIDE INSURANCE COVERAGE FOR PARTICIPATION. AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL-BEING OF MY DEPENDENT.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_