



NORTHVIEW CHIEFS



YOUTH FOOTBALL CAMP GRADES K - 8

**JULY 23, 24 and 26
5:00 - 7:00 P.M.**

NAME: _____

AGE: _____ PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN CONTACT #: _____

ADDRESS: _____

CITY: _____ ZIP: _____ GRADE: _____

THIS IS TO CERTIFY THAT I, THE UNDERSIGNED PARENT/GUARDIAN OF _____, DOES NOT HOLD NORTHVIEW HIGH SCHOOL, THE NORTHVIEW HIGH SCHOOL FOOTBALL STAFF OR THE ESCAMBIA COUNTY SCHOOL DISTRICT RESPONSIBLE OR LIABLE FOR ANY INJURIES THAT OCCUR DURING THIS CAMP.

PARENT/GUARDIAN SIGNATURE: _____

QUESTIONS: DMARSHMAN@ESCAMBIA.K12.FL.US OR 850-377-2504