

Mingus Football Youth Camp- June 4 & 5 2024

Participants Name			
2024-2025 Grade level			
Parent Name:	Parent emai	l:	
Home Address	City	State	Zip
School Attending			
Emergency Contact			
Emergency Contact Number			
Insurance Company		_ Policy #	
harmful to him/her while participating undersigned parent/guardian/particip the instructor my consent and authorithe judgement of the instructor, may be injured or stricken ill, it is hereby u are continuous, and are intended by minvolving medical action or treatment hereby consent for the participant to be (Participant must have medical insurance).	ant of the named student/p zation to render such aide, be required on an emergen inderstood that the consent he to extend through the lest is required and neither the be given medical care by the	participant, do hereby g treatment or care to sa cy basis, in the event sa and authorization here ngth of the program. If parents/guardians can	ive and grant unto id participant as, in id participant should by given and granted emergency service be contacted, I
Check shirt size YS YM \	/L		
Adult S Adult M Adult L _	Adult XL		
Make Checks Payable to MUHS –	- PAID Yes (at	tached receipt to fo	rm)
***Return this form to Mingus Union I Coach Fangman 1801 E. Fir St. Cottony		on High School Football	c/o
For more information contact Coach F	angman 928-634-7531		
Parent/Guardian PRINT Name: _			
Parent/Guardian Signature:			