

# MINGUS FOOTBALL CAMP

2023

## GRADES

1<sup>st</sup> – 8<sup>th</sup>

## DATES:

JUNE 7th & 8th

6:00-7:30 PM

JUNE 9th 7:00-8:30

PM

Meet The Team,  
Skills, Drills, Games,  
and More

\$ 45 Per Kid Includes Shirt  
Discount Rate for Families  
Pre Pay at The Bookstore  
or Pay CASH at The Gate.

M

\$5 to be taken off each  
additional child registration

## Mingus Football Youth Camp- June 7, 8, 9 2023

Participants Name \_\_\_\_\_

2023-2024 Grade level \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent email: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attending \_\_\_\_\_

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

Emergency Contact Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in this community schools' program. Be it known that I, the undersigned parent/guardian/participant of the named student/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment or care to said participant as, in the judgement of the instructor, may be required on an emergency basis, in the event said participant should be injured or stricken ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the length of the program. If emergency service involving medical action or treatment is required and neither the parents/guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor. (Participant must have medical insurance to participate.)

Check shirt size YS \_\_\_ YM \_\_\_ YL \_\_\_

Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_ Adult XL \_\_\_

Make Checks Payable to MUHS – PAID Yes \_\_\_\_\_ (attached receipt to form)

\*\*\*Return this form to Mingus Union High School at: Mingus Union High School Football c/o Coach Moncibaez 1801 E. Fir St. Cottonwood AZ 86326

For more information contact Coach Moncibaez 928-634-7531

Parent/Guardian PRINT Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_