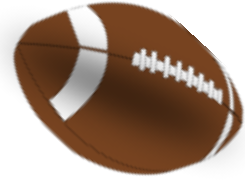


# PCS Football Camp – 9<sup>th</sup>-12<sup>th</sup> Grade



## Bemidji State University



**July 28-30, 2017**  
\$150/Student (checks to PCS)  
(includes transportation, lodging, food, t-shirt)

\*\*\*\*\*

return bottom portion

**Permission slip and money must be returned to the PCS office by June 16<sup>th</sup>, 2017**

**Student Name:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Any medical concerns:** \_\_\_\_\_

**T-shirt Size (circle please) Adult: S, M, L XL, XXL** (t-shirt is included if registered by Friday, June 16<sup>th</sup> 2017)  
\*\*No refunds will be issued after June 16<sup>th</sup>

**Parent—Please read and sign below.**

I consent for my child to attend the PCS Football Camp at Bemidji State University. Lawton Burgstahler will be driving a PCS bus. I give my permission for my student to be transported by the available transportation. I understand that this is not a required event.

I understand that there are risks involved in participation in this camp's activities. I certify that my child is medically fit and able to participate in the activities at camp. I authorize the camp staff to act in their best judgments in an emergency that requires medical attention for my child.

I have read the Field Trip Notice and understand all the information given. I have reviewed with my student their responsibility to cooperate fully with all field trip supervisors and to obey all rules – either PCS rules or those of the host organization.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Send registration with entry fee by June 16<sup>th</sup> to:  
Park Christian Football Camp: 300 17<sup>th</sup> St. N. Moorhead, MN 56560