



RICHLAND BOMBER 2012 YOUTH FOOTBALL CAMP

FOR FOOTBALL PLAYERS ENTERING GRADES 3-8



Location: Richland High School Practice Fields at Carmichael Middle School

Dates: June 26th-28th

Time: 5:00-6:30 PM

Camp Cost: \$40.00

REGISTRATION INFORMATION

Registration and payment can be brought to camp or sent by mail to Richland High School:

**Richland Bomber Youth Camp
Richland High School
Attn: Coach Mike Neidhold
930 Long Ave.
Richland, WA 99352**

Payment must be in the form of a personal check, money order, or cashier's check made out to the
"Richland Bomber Boosters."
[NO CASH WILL BE ACCEPTED]

-  Participants are coached by the Richland Football Staff and Players.
-  Camp Participants Will Be Grouped By Age And Ability
-  Richland Youth Football Teams Are Welcome To Attend As A Team
-  Individual Instruction And Fundamental Skill Development By Position
-  Group And Team Completion On Offense And Defense
-  Parents And Youth Football Coaches Are Invited To Attend

THIS IS A NON-CONTACT CAMP. PARTICIPANTS ARE ONLY REQUIRED TO WEAR WORKOUT CLOTHES [SHORTS AND A T-SHIRT] AND FOOTBALL CLEATS!!

-  If you have any questions about the Bomber Football Youth Football Camp, please contact Coach Neidhold at mike.neidhold@rsd.edu or at the following phone numbers:
RHS: 967.6535
Cell: 438.2697
Home: 375.0995



RICHLAND BOMBER YOUTH FOOTBALL CAMP REGISTRATION FORM

NAME _____ GRADE IN FALL: _____

PARENT(S) NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE: _____ CELL _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

T-SHIRT SIZE: YM YL YXL S M L XL

INSURANCE INFORMATION

Participants are required to have health insurance coverage for injury and/or accident to enroll the Richland Bomber Youth Football Camp.

I verify that [participant] _____ has medical insurance with:

Company Name _____ Policy Number _____

Which effectively covers any medical cost incurred as a result of participation in the Richland Bomber Youth Football Camp? I authorize the Richland Bomber Football Staff to seek any necessary emergency medical treatment my child may need during the course of the Camp.

As the parent/legal guardian of _____

I acknowledge the potential risk of injury related to physical activity associated with participation in the Richland Bomber Football Youth Camp and assume all risks and hazards incidental to the conduct of the camp activities.

Parent/Guardian Signature _____ Date _____