



Grand Haven Football

2017 Skills Camp (Grades 3rd – 12th)



Grades 3rd – 6th

Dates: July 10th - July 13th, 2017
 Time: 10am - 12pm
 Cost: \$60 (t-shirt)
 Registration: By July 3rd, 2017 (\$10 late fee)

Grades 7th – 8th

Dates: July 10th - July 13th, 2017
 Times: 3pm – 5pm
 Cost: \$60 (t-shirt)
 Registration: By July 3rd, 2017 (\$10 late fee)



Grades 9th – 12th

Dates: July 10th – 13th, 2017
 Times: 6 pm - 8:30 pm
 Cost: \$60 (t-shirt)
 Registration: By July 3, 2017 (\$10 late fee)

Location of Camps

GHHS Buccaneer Stadium – Gene Rothi Field
 Grand Haven High School
 17001 Ferris Street
 Grand Haven, MI 49417

The Grand Haven Football Camp

GH Football Camps focus on skills and fundamentals while incorporating competitive drills and activities. Players will be instructed by the Grand Haven football coaching staff and will learn the programs terminology and philosophies. Players will be placed in age appropriate groups and will focus on skills for each level. This will be a fun camp that will allow athletes to experience all that football has to offer in a non-contact setting!

Return lower portion to NORA

Camp	T-Shirt Size		Method of Payment
<input type="checkbox"/> 3 rd – 6 th Grade Camp, #8677, \$60	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Check (payable to: NORA)
<input type="checkbox"/> 7th - 8th Grade Camp, #8678, \$60	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Cash
<input type="checkbox"/> 9th - 12th Grade Camp, #8679, \$60	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Visa / Master Card
	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult XX-Large	

Participant's Name: _____ Fall Grade: _____

Address: _____ Primary Phone #: _____

Email: _____ Secondary Phone #: _____

As the parent or guardian, I certify that (PRINT NAME) _____ has my permission to participate in the Grand Haven Football Skills Camp. I/We do hereby delegate to the Grand Haven Area Public Schools and the Grand Haven football staff, their trainers, or agents the authority to seek, obtain, and approve any medical care and treatment including, but not limited to, X-Ray examination, and anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which is deemed advisable by, and is to be rendered under the general supervision of any physician or surgeon, for the above-named minor which, in their judgment, is necessary for the health and well-being of said minor during his/her participation in the Grand Haven Football Skills Camp.

WAIVER & CONSENT TO PARTICIPATE:

I, the below signed parent, enrolling in the NORA league, understands that my child involved, plays at his/her own risk. NORA, GHAPS and sponsors shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and her family in or about the premises. Participants assume full responsibility for all injuries and damages which may occur in or about the facility and does hereby fully and forever release, discharge and hold harmless NORA, all facilities and its agents and Association sponsors, from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in the program or its facilities.

CONSENT: I hereby grant authority to the Association to render judgment concerning medical assistance or hospital care in the event of an accident or illness.

Signature _____ Date _____

PAYMENT MUST ACCOMPANY REGISTRATION TO BE PROCESSED. Make checks payable to NORA

Register at the Recreation Office, 1415 Beechtree St., Grand Haven, MI 49417

Mail in, drop box, walk in, call 850-5125 or online at nora.ghaps.org. Visa/MasterCard accepted.

Become a fan or friend on FACEBOOK!