



2008 JUNIOR SEAHAWKS FOOTBALL CAMP

HILTON HEAD HIGH SCHOOL/ISLAND RECREATION CENTER
70 Wilborn Road
Hilton Head Island, S.C. 29926
843-689-4938

1. Dates and Times:

Dates/Times: Thursday, June 12, 2008; 4:30 to 7:00;
Friday, June 13, 2008; 4:00 to 7:00;
Saturday, June 14, 2008; 9:00 to 12:00 noon.

Locations: Initial camper meeting at HHHS gym; drills and flag football games on HHHS practice fields and stadium; Parent drop off/pick up at HHHS Filed House, 40 Wilborn Road, Hilton Head Island, SC 29926; Rain venue would be HHHS gym.

2. Camper Ages.

- Elementary 2nd grade through rising middle school 8th grade

3. Camper Cost :

- \$60.00 per camper.

4. Description of Camp Activities.

The camp will be a non-contact activity that will include the following:

- Campers will receive instruction in the fundamentals of passing, running, catching, blocking, tackling form (no contact involved), pass coverage, punting and place-kicking.
- Campers will also participate in flag football games to develop fundamental skills.
- Campers will be taught the value of teamwork and working and playing with others in an environment of fun and enthusiasm.
- Character development will also be stressed to each camper.

5. Parent Contact Information: Parents can contact the following individuals for registration and/or information about the camp:

1. Head Coach Timothy H. Singleton
Hilton Head Island High School
70 Wilborn Road
Hilton Head Island, SC 29926
(843) 689-4938
(843) 689-4983 (fax)
e-mail: tbsing98@yahoo.com

2. Bill Foiles
Admin Volunteer
PO Drawer 23797
Hilton Head Island, SC 29925
(843) 689-4090
(843) 689-4091 (fax)
e-mail: wfoiles@foileslaw.com

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

PARTICIPANT: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ GRADE: _____

MAILING ADDRESS _____

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN (Please print): _____

EMERGENCY CONTACT (other than parents): _____

Home # _____ BUS # _____

WAIVER FOR PARTICIPANT:

In consideration of your accepting me/my child's registration, I hereby for myself, my child, my heirs, executors and administrators waive and release any all rights and claims for damages I or my child may have against the Hilton Head Island Recreation Association, Strive to Excel, Inc., and the Beaufort County School District and Hilton Head Island High School Seahawks Football Program including all representatives who are in any way connected with this event/program. Further, in the event of any injury, I do hereby give my permission and consent to authorize such First Aid and/or Medical and/or Hospital care or treatment as deemed appropriate. In addition, I am fully aware of the provisions covered by the fee for this event/trip/program and I understand that if any emergency arises, any and all additional expenses insured must be home or assumed by the participant. The Island Recreation Association, Strive to Excel, Inc., and the Beaufort County School District have my permission to take photographs of my child or myself while using the Island Recreation Center and/or the facilities of the Beaufort County School District of participating in the 2008 Seahawks Youth Football Camp programs, special events and activities. I understand that these photographs may be used for Island Recreation Association, Strive to Excel, Inc., Beaufort County School District and Hilton Head island High School Seahawks Football Program advertising through and not limited to brochures, flyers or newspaper articles. I have full and complete legal authority to sign on behalf of myself and child(ren).

Signature: Parent/Guardian: _____

Received by : _____ Amount paid: _____ (cash or check)

Date and check #: _____

1875
1041
090-088 (01A)
090-088 (01B)
090-088 (01C)

090-088 (01D)
090-088 (01E)
090-088 (01F)
090-088 (01G)