



HEMPSTEAD MUSTANG FOOTBALL



CHAMPIONSHIP ATTITUDE
in the classroom, on the field and in life.

2011 MUSTANG FOOTBALL CAMPS

High School Camp: August 1-5, 8am to 11:30pm - \$30
Middle School Camp: August 4 & 5, 1pm to 3:30pm - \$25
Elementary School Camp: August 1-3, 1pm to 3:30pm - \$30
Place: Hempstead High School

If you have any questions please contact Head Coach Mark Ehlers at mehlrs@dubuque.k12.ia.us

Registration Form

Athlete's Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____ Parent Cell Phone: _____

Grade Entering: _____ Parent's Names _____

Parent Email: _____

CAMP CHOICE : High School Camp Middle School Camp Elementary School Camp
(circle one) August 1-5 August 4 & 5 August 1-3

Parent Release: I give permission for my son, _____ to take part in the Mustang Football Camp . I authorize camp coaches at Mustang Football Camp to act for me according to their best judgment in any emergency requiring medical attention, and I release these camp coaches and Hempstead High School from any and all liability for injuries, illnesses, or lost property incurred while the above named camper is at camp. I have no knowledge of any physical conditions that would be affected by the above named camper's participation in the camp. I have attached any relevant medical information.

Parent/Guardian Signature _____

Date _____

Make checks out to *Hempstead Football*
Return form & payment to:
Hempstead High School, Activities Office
3715 Pennsylvania Ave.
Dubuque, IA 52002

Paid _____