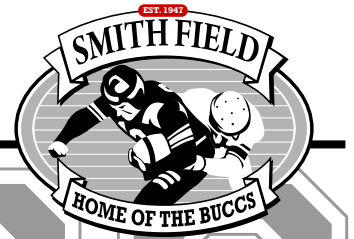


JULY 9-11, 2024 - FROM 6:00-7:30PM



BUCCS FOOTBALL CAMP

RELENTLESS. WORK. TOUGH. UNSELFISH. HUMBLE.

**\$25 IF YOU REGISTER BEFORE JUNE 21, 2024
\$30 FOR WALK-UP REGISTRATION**

FOR GRADES 2ND THROUGH 8TH

CUT AND RETURN WITH YOUR PAYMENT

CAMPER'S NAME: _____

ADDRESS: _____

PHONE: _____

AGE: _____ GRADE: _____

SHIRT SIZE: YS YM YL S M L XL

PARENT PERMISSION FOR ATHLETIC PARTICIPATION:

I grant permission for my child to participate in the summer football camp. I hereby give consent for the coaches or school officials of the Covington Exempted Village Schools to secure treatment at the best available hospital in case of injury. I further give consent for hospital officials or doctors to take necessary action until such a time we are in contact with them. I also agree to assume responsibility for all medical expenses that may occur as the result of athletic participation, with or without the benefit of insurance.

Parent or Guardian Signature

Date

MAKE CHECKS PAYABLE TO: COVINGTON FOOTBALL

MAIL TO: 807 CHESTNUT ST., COVINGTON, OH 45318