

**2014**  
**OWASSO RAMS**  
**FOR**  
**FOOTBALL CAMP**

**MONDAY, & THURSDAY**

**JULY 8<sup>th</sup> & 10<sup>th</sup>**

**7<sup>th</sup> Grade Only**

**6:00 – 8:00PM**

**OWASSO RAM STADIUM**

The Owasso Ram Football Coaches will conduct 2 evenings of instruction in FUNDAMENTALS and TECHNIQUE for all Offensive and Defensive positions. This will be a Helmet & Shoulder Pad Camp. Contact drills will be conducted in a TEACHING environment.

**REGISTRATION**

**PRE – REGISTER: \$40**

**WALK – UP / DAY OF CAMP: \$50**

**Make Checks Payable to:**

Owasso Rams Summer Camps

# RAM PRIDE

## **FOR FOOTBALL CAMP APPLICATION FORM**

**JULY 8<sup>th</sup> & 10<sup>th</sup>**

Athlete's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Grade Entering ('14 -'15) \_\_\_\_\_ 7th \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Emergency # \_\_\_\_\_

### **T-Shirt Size (please circle one):**

Youth    M    L                  Adult    S    M    L    XL

### **PARENTAL CONSENT**

I certify that my child has been examined by a physician and has been found to be in good health and able to compete in all camp activities without restriction. In addition, I acknowledge that I have medical insurance to cover the cost of any injury or illness that may occur during my child's participation in this football camp. Furthermore, I authorize the staff of the Ram Football Camp to act for me according to their best judgment in an emergency requiring medical attention. I hereby release the Ram Football Camp and the Owasso Public Schools from all claims resulting from any injury my child may sustain while attending this camp.

\_\_\_\_\_  
Parent/Guardian (please **PRINT**)

\_\_\_\_\_  
Parent/Guardian's Signature

**You may pre-register(\$40) Owasso Ram Summer Camps**

P.O. Box 1401  
Owasso, OK 74055