

BATESVILLE BULLDOGS FOOTBALL



PART OF THE TRADITION

CHAMPIONSHIPS

EIAC: 65, 73, 83, 02, 09, 13
SECTIONAL: 86, 01, 02, 03, 04,
05, 06, 09, 15
REGIONAL: 1986



W1H

2019 Primary School FOOTBALL CAMP

Hosted by Batesville High School Football

Individual instruction by the Batesville coaching staff & current players.
Offensive & defensive position specific skills, drills & fundamentals.
Learn skills, safety, & fun!

WHO:	Grades K-2
WHEN:	May 14-16
WHERE:	Batesville High School Football Field *If inclement weather, camp will move to High School Gymnasium **Campers will be picked up by camp instructors at the Primary Cafeteria after school and escorted over to the high school
TIME:	3:30 - 5:00 pm
COST:	\$30
INCLUDED:	Batesville Football T-Shirt 2019 Varsity Football Poster signed by the Senior Players
REGISTRATION:	Mail-in registration form (Attached)
Deadline:	Forms need turned in by Tuesday, April 30 to guarantee T-Shirt

2019 PRIMARY SCHOOL FOOTBALL CAMP Registration Form



Please print clearly. Fill out Second/Third Participants Info if you have more than ONE child attending the PRIMARY SCHOOL CAMP

Participant's Full Name: _____

Current Grade: _____ Age: _____ T-shirt size (please circle): YS YM YL S M L XL 2X

Second Participant's Full Name: _____

Current Grade: _____ Age: _____ T-shirt size (please circle): YS YM YL S M L XL 2X

Third Participant's Full Name: _____

Current Grade: _____ Age: _____ T-shirt size (please circle): YS YM YL S M L XL 2X

Parent/Guardian Contact Information

Parent/Guardian Name (Relationship): _____

Phone #1: _____ Phone #2: _____

Address : _____

City/State/Zip: _____

Email : _____

Student Medical History

(To be completed by parent or guardian)

(circle one)

- Yes No 1. Has had serious injuries requiring medical attention
Yes No 2. Is currently under a physician's care
Yes No 3. Currently takes medication
Yes No 4. Wears glasses (contact lenses - Yes No)
Yes No 5. Has had surgical operation
Yes No 6. Tetanus toxoid immunization. Date of most recent: _____
Yes No 7. List known allergies: _____

Briefly Explain any "Yes" Answer _____

Amount Enclosed: \$ _____

Check enclosed, made payable to: **Batesville Football**

Return form to:
Batesville High School
One Bulldog Blvd.
Batesville, IN 47006

or Drop Off at BHS Office

WAIVER: I desire to enroll in the 2019 Primary School Football Camp at Batesville High School. I understand that neither Batesville Schools, the directors, nor anyone connected with the camp will assume responsibility for accidents, medical, dental or other expenses incurred as the result of accidents sustained during, or as a result of, any course of instruction given to the applicant by the camp staff.

Parent/Guardian Signature: _____

Date: _____