

# 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 Intermediate 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 3-5
WHEN:	May 21-23
WHERE:	Batesville High School Football Field <small>* If inclement weather, camp will move to High School Gymnasium * **Bus Riders will be dropped off at the HS and will be escorted to the football field. Car riders can be dropped off at the football field between 3:10 and 3:30.</small>
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 INTERMEDIATE SCHOOL FOOTBALL CAMP Registration Form



*Please print clearly. Fill out Second/Third Participants Info if you have more than ONE child attending the INTERMEDIATE 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 Camp**

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 Intermediate School Football Camp at Batesville Middle 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: \_\_\_\_\_