

PARKWAY NORTH HIGH SCHOOL - Football Camp 2020

Location: Parkway North High

Entering Grades 9-12

\$130 - includes both strength and conditioning and football camp

It is an expectation that any young man interested in being part of the Viking football program participates in the summer program.

Strength and Conditioning:

Part I June 1- 4/June 15/June 22 - July 2 7:45am - 10:00am (session 1)/ 10:30am - 12:30pm (session 2)

Part II July 1 - 9/July 27 - 30 8:00am - 10:30am (only one session offered)

Viking Football Camp:

Week 1 June 8, 9, 10, 11

Week 2 June 16, 17, 18, 19*, 20*

Week 3 July 13, 14, 15, 16*

Week 4 July 20, 21, 22, 23*

* Denotes Team Camp dates.

June 19 - 20 East Central Team Camp at ParkwayWest High School (Varsity)

July 16 and 23 Kirkwood Team Camp at Kirkwood High School (Varsity/JV)

Campers will be under the direction of the North High Football Staff.

For details contact Head Coach Karl Odenwald: (314) 609.3057/kodenwald@parkwayschools.net

Make checks payable to **Parkway North Football**

Summer Sports Camp Registration Form

Please mail this Registration Form, the Emergency Form, and **only one check per sport** to:

**Parkway North High School
Athletic Office - Summer Sports Camps
12860 Fee Fee Rd.
St. Louis, MO 63146**

Camp: _____ Time of camp-if applicable: _____

Name of Student: _____ Age: _____ Grade in Fall 2020 _____

Address: _____

Phone: _____

Emergency Contact: _____ Emergency Contact phone: Work: _____ Cell: _____

Please read the following:

I, the undersigned parent/guardian, agree and understand that all camps are taken at the participant's own risk, without liability to the Parkway School District, its officials, or instructors. Although accidents rarely occur, those participating should have their own insurance or be aware that expenses for any medical treatment or care must be borne by the individual participant.

Read and understood (Parent Signature) _____ Date: _____

ATHLETIC EMERGENCY CARD

TO PARENTS: Please fill out both sides of Student Emergency Card, sign and date.

Print Student Name _____ Date of Birth _____ Grade _____
 Address _____ City _____ State _____ Zip _____
 Phone Numbers: Home _____
 Father _____ Work # _____ Cell # _____
 Mother _____ Work # _____ Cell # _____
 Emergency Contact Person _____ Home # _____ Cell # _____
 Physician _____ Phone _____
 Dentist _____ Phone _____

LIST KNOWN DRUG ALLERGIES _____

Will your child bring medication (prescription or over-the-counter)? YES _____ NO _____

If yes, please specify:

| Name of Medication | Physician | Dosage/Frequency | Special Instructions |
|--------------------|-----------|------------------|----------------------|
| | | | |
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Please provide other health information which would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

Date of last DT (Diphtheria/Tetanus Immunization): _____

All medication brought by your child will be self-carried, self-administered, and must meet the following criteria:

Prescription Medication:

All medication brought must have a current prescription label properly affixed to the medication in question. The label must contain the name of the child, name of drug, dosage, frequency of administration, diagnosis, and physician's name.

Over-the-counter Medication:

This medication must be in the original bottle. Place child's name on bottle.

IN CASE OF EMERGENCY, I request my child be taken to _____ hospital. If the school or hospital is unable to contact me, I hereby authorize the school and/or physician to treat my child as they deem necessary.

Physical Exam Date _____

Insurance Information: Company Name _____ Policy Number _____

 Signature of Parent or Guardian Date

OFFICE USE: EMERGENCY CARD TO BE RETAINED BY SPONSOR/COACH AND TAKEN ON TRIP