

# PARKWAY NORTH HIGH SCHOOL

## Football Camp 2021

Location: Parkway North High

Entering Grades 9-12

Cost: \$50 for all sessions (includes player shirt)

It is an expectation that any young man wanting to be a member of the Varsity/JV attend the summer football program.

### Strength and Conditioning

*Mon - Thurs 1:30 pm - 3:30 pm* (following summer school)

June 7-10

June 13-17

July 5-8

### Viking Football Camp

*Mon/Wed/Thurs 1:30 pm - 5:30 pm, Tues 2:00 pm - 4:30 pm (7on7 at 6 pm)*

June 21-24

June 28-July 1

July 12-15

July 19-22

July 26-29

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](mailto:kodenwald@parkwayschools.net)

Make checks payable to **Parkway North Football** or preferably sign up and pay online through **Infinite Campus (instructions on the North website under Athletics/Summer Camps)**

## 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 2021 \_\_\_\_\_

Address: \_\_\_\_\_ Shirt Size \_\_\_\_\_

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

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

