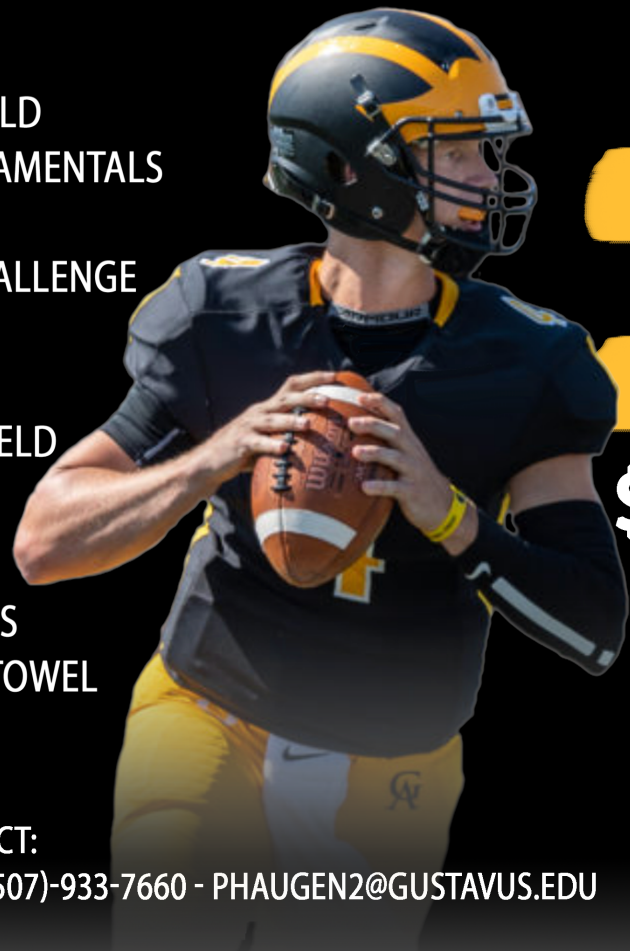


# GOLDEN GUSTIE YOUTH CAMP 2020

### ITINERARY:

- 8:30 - DROP OFF AT  
HOLLINGSWORTH FIELD
- 9:00 - SKILLS/DRILLS/FUNDAMENTALS
- 10:15 - SNACK BREAK
- 10:30 - GAMES & SKILLS CHALLENGE
- 11:30 - SWIMMING POOL
- 12:30 - PICK UP AT  
HOLLINGSWORTH FIELD



**SESSION #1**  
**JUNE 11-12**

**SESSION #2**  
**JUNE 18-19**

**\$60 PER CAMPER**  
**PER SESSION**  
**GRADES 3-8**

### WHAT TO BRING:

- CLEATS AND TENNIS SHOES
- SWIMMING TRUNKS AND TOWEL
- SNACK

### FOR MORE INFORMATION CONTACT:

PETER HAUGEN, HEAD COACH - (507)-933-7660 - PHAUGEN2@GUSTAVUS.EDU

### MAKE CHECKS PAYABLE TO:

GUSTIE FOOTBALL CAMPS - 800 W COLLEGE AVE ST. PETER, MN 56082



PLEASE DETACH FORM AND MAIL ALONG WITH PAYMENT:

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ GRADE (ENTERING FALL OF 2020) \_\_\_\_\_

T-SHIRT SIZE (CIRCLE):      YL S M L XL

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

PARENT/GUARDIAN CELL # \_\_\_\_\_

### SESSIONS ATTENDING:

SESSION #1 (\$60) \_\_\_\_\_

SESSION #2 (\$60) \_\_\_\_\_

IN CASE OF EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTIONS AND ANESTHESIA FOR MY CHILD. I WILL BE FINANCIALLY RESPONSIBLE FOR ALL MEDICAL CLAIMS FOR MY CHILD. A RECENT PHYSICAL EXAMINATION FOR MY CHILD INDICATES NO REASON HE/SHE SHOULD NOT PARTICIPATE IN ACTIVITIES AT THE CAMP.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_