

**Pleasant Valley High School**  
**2019 High School Football Camp Registration Form**  
**9<sup>th</sup> Grade**



**Dates: August 5<sup>th</sup>-9<sup>th</sup> 7:00-9:00am**

**Location: PVHS Football Field Cost: \$60**

**Please make check payable to Pleasant Valley High School and include with this registration form. Registration is due by July 31<sup>st</sup>.**

**Online registration available at: <https://pleasval.revtrak.net/tek9.asp?pg=athletics>**

Athlete Name: \_\_\_\_\_ Age \_\_\_\_\_

Grade Level, Fall 2019: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

If unable to reach parent/guardian, in case of an emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please circle one T-shirt size for camp t-shirt**

**Adult S M L XL XXL**

**Medical Information/Release**

Does the athlete have any medical conditions we need to be aware of? Yes No

If yes, please explain: \_\_\_\_\_

I authorize the Football coaches at the Pleasant Valley High School football camp to act for me according to their best judgment in an emergency requiring medical attention, and I release Pleasant Valley football coaches as well as Pleasant Valley High School from any and all liability for injuries, illnesses, or lost property incurred while the above named athlete is at camp. I have no knowledge of any physical condition that would be affected by the above named athlete's participation in the camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your camp registration to:

Mr. Rusty VanWetzinga  
Pleasant Valley High School Athletic Department  
604 Belmont Rd, Bettendorf, IA 52722  
[vanwetzingarusty@pleasval.k12.ia.us](mailto:vanwetzingarusty@pleasval.k12.ia.us)

For additional questions, please call Pleasant Valley High School, 563-332-5151.