

# 2015 Mason Football-Long Green Line Summer Camp Retreat –June 6<sup>th</sup>-8<sup>th</sup>



**Specifics:**

**Grades:** 10-12 (As of Fall 2015)

**When:** June 6<sup>th</sup> – 8<sup>th</sup>

**Cost:** \$175 Due by May 20th

\*Families sending 2 or more campers to this camp will receive \$10 off each camper's registration

**Where:** AIA in Xenia Ohio

**What to wear:** Helmet, Athletic apparel along with cleats

**Make checks payable to:** Mason Football or Brian Castner

**Mail to:** 7948 Quail Hollow Ct. West Chester, OH 45069

**Contact info:** 513-383-2850 or email Andrea Castner at [castnera02@gmail.com](mailto:castnera02@gmail.com)

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**Camper's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please provide us with a phone number where you can be reached in case of emergency**

**E-mail Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Circle Grade** (As of Fall 2015)    10                    11                    12

**Medical Release:**

I/We, the undersigned, individually and as parent(s) and/or guardian(s) of \_\_\_\_\_, a minor, ask that he be admitted to participate in this sport camp sponsored by Brian Castner. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless Brian Castner, its officers, agents, employees, and Mason City Schools Board of Education of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS EVENT IS NOT SPONSORED BY MASON CITY SCHOOLS**

**\*\*INSURANCE** Each applicant must have their own insurance in order to participate. The camp staff will not assume any responsibility for injuries (medical or dental) incurred during this instruction. In signing this application, parents are assuming any and all medical risks.\*\*