



Mid-Carolina Youth Football Camp

In Partnership with the County of Newberry Recreation

Location: Lon Armstrong Stadium

Cost: \$75 Cash/Credit Card accepted for in person registration

Dates: June 1 - 3, 2026

Camp open to: Rising 5th – 8th graders

Time: 8:00 am – 11:00 am

To Register: Scan the QR Code or click link.

<https://events.hometownticketing.com/boxoffice/newberry/L2VtYmVkl2V2ZW50LzEyMzI=>

or

https://docs.google.com/forms/d/1FBHVVEVQmAGY6EYOPVPmKkaiBBot0BDkeJJ8TVI0S_s/edit?ts=69ebc93a

Deadline to register for guaranteed shirt size is Friday, May 23

Please contact Coach Jody Haltiwanger at Mid-Carolina High School (364-2134) with any questions.

Participant's Name: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____
 Father's Name: _____ Mother's Name: _____
 Legal Guardian's Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 E-MAIL: _____ Home Phone: _____ Work Phone: _____
 F/Cell: _____ M/Cell: _____ Other: _____
 Insurance Co: _____ Policy/Card # _____ Phone: _____

Participant Shirt Size (Please Circle): **YS YM YL AS AM AL AXL AXXL**

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:

In signing up and participating in this camp, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the County of Newberry, the Newberry County School District, and its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff/volunteer coaches to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

I understand I am responsible for my own medical coverage and all costs incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by the County of Newberry to promote the County's events without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.

Parent or Legal Guardian Signature: _____ Date: _____