

**"FUTURE CAVALIER"**  
**FOOTBALL CAMP**

**FRIDAY NIGHT LIGHTS**  
**JULY 30<sup>TH</sup> 6:00PM - 8:30PM**

**CAMP ELIGIBILITY:**

**Boys & Girls who will be a Rising 1<sup>st</sup> – 8<sup>th</sup> Grader**

**WHAT TO BRING:**

**Cleats, Tennis Shoes, Appropriate/Comfortable clothing for outside activities**

**LOCATION:**

**East Burke High School Football Stadium**  
**Check-in at the front Ticket Booth**

**COST:**

**\$20.00 Pre-Registration is requested**  
**Includes Camp T-Shirt**

**Fill out the Registration form below and return with payment to**  
**Coach Minor by July 4<sup>TH</sup>**

**Contact Coach Minor: [derrickminor@burke.k12.nc.us](mailto:derrickminor@burke.k12.nc.us) for Details**  
**East Burke High School**  
**3695 East Burke Blvd.**

**Connelly Springs, NC 28612**  
**ATTN: DERRICK MINOR**

**Make checks payable to East Burke Football (\$20.00)**

**YOUTH CAMP COACHES:**

**Derrick Minor – East Burke Head Football Coach**  
**And EB Assistant Coaches**  
**Former EB Players, Football Current Players**

**Serve Others, Work to Win, Ownership, Reliability, Discipline, Sacrifice**

## **REGISTRATION FORM:**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camp Session: July 30<sup>th</sup> 6-8:30pm

Shirt Size: (circle one)

Youth -        S        M        L

Adult -        S        M        L        XL        XXL (please add \$2 for XXL and Up)

Parent/Guardian: \_\_\_\_\_

Cell, Work, or Home #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

**\*\*\*Make checks payable to: East Burke Football\*\*\*\***  
Fill out the Registration form and return with payment to:  
**East Burke High School**  
3695 E Burke Blvd,  
Connelly Springs, NC 28612  
**ATTN: Coach DERRICK MINOR**

Questions: Coach Minor = [DerrickMinor@burke.k12.nc.us](mailto:DerrickMinor@burke.k12.nc.us)

### **Statement of Insurance, Liability and Permission to Treat**

All participants in East Burke Football Camps are covered by supplemental insurance. This is not intended to serve as primary coverage in the event of an injury.

We the undersigned acknowledge that our insurer will serve as the primary provider in the event of an injury.

We the undersigned also agree to release the East Burke and Burke County School System and its employees from liability associated with East Burke Football Camps. We the undersigned give permission to coaches and trainers of East Burke High School to treat the above participant in the event of illness or injury.

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