

CHURCHILL FOOTBALL

UNDER THE LIGHTS

YOUTH CAMP

THURSDAY, JULY 27TH, 2017



WHO: K-8TH graders (incoming)

WHAT: Offensive and defensive football techniques

WHERE: Churchill High School football field

WHEN: Thursday, July 27th 7pm-9pm

COST: \$20

Registration Options

Mail: Attn: Allen Feigel 8900 Newburgh Rd., Livonia, MI 48150

OR in person

(Make checks payable to Churchill High School-No refunds 2 weeks prior to start of camp)

Registration Form

Camper's Name: _____

Camper's Grade: _____

Camper's Shirt Size (please circle): YOUTH: S M L ADULT: S M L XL XXL

Address/City/State/Zip: _____

Parent Name: _____

Parent Phone and Email: _____

Liability Agreement

I hereby and herein authorize the Director of the Churchill Football Camp, or any staff working on the camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp, in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my child or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the football camp. I also represent that my child or ward has received a physical within the last year and is medically competent to participate in the activities at the camp. Lastly, by my signature hereunder, I have read and fully understand the above liability agreement.

Signature of Parent or Guardian: _____