

LOGAN ELM YOUTH FOOTBALL CAMP



UNDER THE LIGHTS

Monday July 18th

7-9PM

@ Logan Elm High School Football Field

\$20 / Camper

Name _____

Birthdate ____/____/____ Age _____ Grade _____ Shirt Size ____

Address _____

Parent/Guardian _____

Work and/or Cell Phone _____

Emergency Contact _____ Phone _____

I, _____, hereby give permission for _____ to participate in the Logan Elm Football Camp. I waive any and all claims I may have against any member of the camp staff or Logan Elm School District for any and all injuries that may occur at the camp.

Camp Staff Only:

_____ Paid _____ Initial of Receipt _____ Check # _____ _____ Cash