

2009 CYCLONE YOUTH FOOTBALL CAMPS
PADDED, NON-PADDED, & QUARTERBACK/RECEIVER

REGISTRATION FORM

PLEASE CHECK:

<input type="checkbox"/> Non-Padded (grades K-8; June 7-11)	<input type="checkbox"/> Padded (grades 4-8; July 19-22)	<input type="checkbox"/> QB/WR (grades 6-12; June 14-16)
June 7: 4-6 pm	6:00-8:00 pm	5:00-7:30 pm
June 6-11: 8-10 am	\$65	\$75 (\$60 for 10 or more from same team)
\$65	Need your own pads	each QB must bring football

Please note any medical conditions that we should be aware of:

I give permission for my student's name and picture to appear in the newspaper, marketing pamphlets, and school publications. Yes No

I hereby authorize the directors and staff of the SHG Football Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby release the SHG Camp, the directors, staff, and others related thereto and the camp facilities from any and all liability for any injuries, accidents, and/or illnesses incurred while at camp. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no mental or physical problems that might affect my son's ability to safely participate in this program.

Parent/Guardian signature: _____

Date: _____

Student's Name: _____ Age _____

Address: _____

City: _____ Zip: _____

Entering Grade: _____ School: _____

email: _____

Phone number: _____ Emergency # _____

Shirt Size

Child's	Adult
<input type="checkbox"/> Small 8-10 <input type="checkbox"/> Medium 12-14	<input type="checkbox"/> Small <input type="checkbox"/> Medium
<input type="checkbox"/> Large 14-16	<input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XXL

Questions: CALL- Bob Brenneisen (W)787-1595 (H)546-1169