

# Logan Elm Youth Football



## Camp



July 16<sup>th</sup>-18<sup>th</sup>

6:00-8:00pm

@ Logan Elm High School

GRADES K-6

\$35/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.*

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### Camp Staff Only:

\_\_\_\_ Paid    \_\_\_\_ Initial of Receipt    \_\_\_\_ Check # \_\_\_\_    \_\_\_\_ Cash