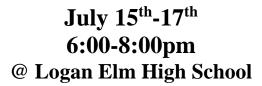
Logan Elm Youth Football



Camp





\$35 / Camper

Name			
Birthdate/_	/ Age	Grade	_ Shirt Size
Address			
Parent/Guardian_			
Work and/or Cel	l Phone		
Emergency Cont	act	Phone	
participate in the L member of the camp	, hereby give ogan Elm Football Camp. o staff or Logan Elm School the	I waive any and all claim District for any and all t camp.	ns I may have against any injuries that may occur at
Camp Staff Onl			
Paid	Initial of Receipt	Check #	Cash