



2019 Catamount YOUTH Football Camp Registration

Tuesday, May 28 – Wednesday, 29

6:00 PM – 9:00 PM (Kindergarten – Rising 8th Grade)

Checks Made Payable to: Catamount Football Camp (\$60 for one camper or \$100 for two campers)

Camper(s) Name:

1) _____

2) _____

Contact Person:

Address:

Phone Number:

Emergency Contact:

Emergency Contact Phone #:

I hereby grant permission in case of emergency or accident during the Catamount Football Camp which requires medical or surgical attention to seek medical services or transport your child to a hospital if deemed necessary by camp staff. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I later request otherwise. I hereby release individually and as a parent or natural guardian of his/her participating child, to camp staff, and from liability for death, personal injury, or property damage that may be sustained by the above referenced camper.

Parent or Guardian Signature:

Date:
