

# LINCOLN FOOTBALL YOUTH CAMP



REGISTRATION FORM: PLEASE COMPLETE A SEPARATE FORM FOR EACH CAMPER.  
WE WILL ACCEPT PRE-REGISTRATION & DAY OF REGISTRATION

Grades 3rd - 8th

Monday July 12th - Wednesday July 14th 6:00pm - 8:00pm

\*Mask must be worn while not participating in camp, must bring own water bottle

Camper Name: \_\_\_\_\_

Grade: \_\_\_\_\_

T-shirt size: YM YL AS AM AL AXL

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Signature \_\_\_\_\_

**REGISTRATION FEE: \$65 per camper - Make checks payable to GLAB (Gahanna Lincoln Athletic Boosters)**

**Mail to:** Bruce Ward HFC 140 S. Hamilton Rd. Gahanna OH 43230 **Email:** [Wardbj@gjps.org](mailto:Wardbj@gjps.org)

In signing this form I release all liability from the coaches, players, GJPS and any facility in case of injury due to participation in Gahanna football youth camp. I give permission to the coaches to administer any necessary medical attention to my son/daughter in case of injury. I will be notified immediately at above listed numbers if such an occasion occurs. If unable to reach me I give permission to do what is in the best interest of my son/daughter until I am notified. I also understand that my insurance company or I will accept all medical expenses.