

Campbellsville Eagles Football Camp Registration Form

July 16-18 @ 10:00-12:30pm

Print Please:

Last Name: _____

First Name: _____

Child's Age and Grade in School: _____

Street Address: _____

City: _____

State/Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact Number: _____

Child's T-Shirt Size: _____

Does your child have any food allergies: _____

Waiver and Release of All Claims and Assumption of Risk

Please read this carefully and be aware that in signing up and participating in this football camp, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in all activities of this football camp hosted by the Campbellsville High School and Campbellsville Middle School Football Staff. I also do not hold Campbellsville Independent Schools or any employee or volunteer of the school district liable for any injuries that may occur since the football camp is being held on one of schools campus at Campbellsville High School.

I have read and I understand the "Waiver and Release" as printed above on this form.

Signature of parent/guardian: _____

Name Printed: _____

Date: _____