



**2018 Catamount YOUTH Football Camp Registration**

**Tuesday, May 29 – Wednesday, May 30**

**6:00 PM – 9:00 PM (Kindergarten – Rising 8<sup>th</sup> 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:**

\_\_\_\_\_