

Logan Elm Youth Football



Camp



July 15th-17th

6:00-8:00pm

@ Logan Elm High School

\$35 / Camper

Name _____

Birthdate ____/____/____ Age _____ Grade _____ Shirt Size _____

Address _____

Parent/Guardian _____

Work and/or Cell Phone _____

Emergency Contact _____ Phone _____

I, _____, hereby give permission for _____ to participate in the Logan Elm Football Camp. I waive any and all claims I may have against any member of the camp staff or Logan Elm School District for any and all injuries that may occur at the camp.

Camp Staff Only:

_____ Paid _____ Initial of Receipt _____ Check # _____ _____ Cash