

TOPSAIL AREA YOUTH FOOTBALL AND CHEERLEADING CAMP

July 20 – 23, 2009

6:00 – 8:00 pm

Cost: \$40.00

Location: Kiwanis Park

First Name: _____	Last Name: _____
Address: _____	
City: _____	State: _____ Zip: _____
Date of Birth: _____	Circle: Male Female Sport: Football _____ Cheerleading _____

Parent or Guardian: _____	Relationship: _____
Address (if different from above): _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Email: _____
Cell Phone: _____	Cell Phone: _____

Emergency Contact Name: _____	Relationship: _____
Home Phone: _____	Cell Phone: _____

CAMP WAIVER

As a Parent or Legal Guardian of _____, I hereby give my consent for his/her participation for 2009 Topsail Area Football & Cheerleading Camp. I hereby further waive any and all claims of action that I might have as a result of any injury my child may sustain from his/her participation.

Parent/Guardian Signature: _____

Date: _____

OFFICIAL USE ONLY			
Amount Paid: \$ _____	Cash _____	Check _____	Check # _____
Witnessed By: _____			