



# 2016 TREYNOR CARDINAL YOUTH FOOTBALL CAMP

## **Date & Time**

- Saturday, August 13th
- 9:00am-12:00pm

## **Location**

- Treynor Football Complex

## **Who Can Attend**

- Boys entering grades 2-6

## **Cost**

- \$25 (includes a T-shirt)
- Checks can be made payable to "Treyner Football Booster Club"

**Please register by Friday, August 5<sup>th</sup> to guarantee a T-shirt!!!!**

**Name:** \_\_\_\_\_

**Grade This Fall:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**T-shirt Size: Adult Size    XL    L    M    S**

**Youth Size    XL    L    M    S**

**Please mail completed form and cost of camp to:**

**Treyner Youth Football Camp  
Attn: Jeff Casey  
102 East Main St, Box 369  
Treyner, IA 51575**

I voluntarily agree for my child to participate in the 2016 Treynor Cardinal Youth Football Camp. I hereby waive, release, and hold harmless the Treynor football coaching staff and the Treynor School District, from any liability for any personal injuries which may be incurred by my child while participating in the above mentioned camp. I also certify that my son is medically fit to participate in this program. It is the responsibility of each parent or guardian to check their child's insurance for athletic injuries.

Parent or Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_