

2024 TREYNOR CARDINALS FOOTBALL CAMP

		Athlete Name:					
 Dates & Time August 5th - August 8th 6:00pm - 7:30pm 		Grade This Fall:					
<u>Locat</u>	lion	Address: City/State/Zip:					
	Treynor Football Complex	Parent/Guardian:					
<u>Who Can Attend</u>		Cell Phone Number:					
•	Treynor students entering grades 5-8	Email Address:					
Cost							
•	\$50 (includes a camp T-shirt) Checks can be made payable to "Treynor Athletic Booster Club"	T-shirt Size:	Youth Size	S	М	L	XL
			Adult Size	S	Μ	L	XL

Please mail completed form and cost of camp to:

Treynor Youth Football Camp Attn: Jeff Casey 102 East Main St. Box 369 Treynor. IA 51575

I voluntarily agree for my child to participate in the 2024 Treynor Cardinals 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: _____

Register by July 19th to

guarantee a T-shirt!!!!