



FOOTBALL YOUTH CAMP 2017

AGES 5-14

DATE: MAY 22nd – 24th

CHECK-IN: 8:30AM

TIME: 9:00AM – 12:00PM

WHERE: VILLA RICA HIGH SCHOOL

**COST: \$75 MAKE CHECKS PAYABLE TO
VILLA RICA HIGH SCHOOL TOUCHDOWN CLUB**

**-CAMPERS WILL NEED TO WEARING
GYM CLOTHING AND ATHLETIC
SHOES OR CLEATS**

**-CAMPERS WILL NEED TO BRING
WATER**

**-EACH CAMPER WILL RECEIVE A FREE
T-SHIRT.**



VR FOOTBALL CAMP



CAMPER'S NAME _____ T-SHIRT SIZE _____ (Adult) ENTERING GRADE _____
ADDRESS _____ CITY _____ ZIP _____
SCHOOL _____ PARENT/GUARDIAN NAME _____
HOME PHONE _____ WORK PHONE _____ EMERGENCY CONTACT _____

PARENTS/GUARDIAN PLEASE READ AND SIGN

I hereby give my permission for my child to participate in the VR Football Camp. This authorization shall waive, release and absolve the Villa Rica High School Football Staff from any liability for injury or illness incurred at the camp. I give the staff permission to act according to its best judgment in any emergency. I also certify that the above applicant has no physical problems, which would impede their participation at the camp. I also understand that parents are solely responsible for ALL medical expenses due to injury or illness incurred by the camper while at camp.

PARENT/GUARDIAN SIGNATURE _____

DATE _____