

YOUTH FOOTBALL CAMP 2011 (MARCH 19TH & APRIL 30TH)

PAY THE DAY OF THE EVENT

Child's Name:		Age
Parent/Gardian's Name(s):		Street Address
Home Phone:	Cell Phone:	City, State and Zip Code
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Emial Address		Have you played in a Tricounty organization before? If so, for who?
Shirt Size:	Short Size:	

Pick one position from each box

OFFENSE	DEFENSE
_____ O-LINE	_____ D-LINE
_____ O-BACKS	_____ D-BACK
_____ RECEIVER	_____ D-END
_____ QUARTERBACK	_____ LINEBACKER

_____(Initials) I, the undersigned, verify that the information provided on this form is correct. I assume all risks and hazards incidental to such participation and do hereby waive, release and otherwise hold harmless the Collinsville Raiders, association officials, sponsors, supervisors, coaches and/or other participants.

Parent/Guardian

Date

Please contact Terry Parker with shirt/short sizes ASAP at coachtparker@yahoo.com or (618)830-1203