

Registration Form - Cardinal Football Camp 2018

Dates: Monday July 30 and Tuesday July 31

Times:

- **Grade 3-5 will be 4:30 PM – 6:00 PM**
- **Grades 6-8 will be 6:00 PM – 8:00 PM**

Site: St. Paul Football Field

Complete the following form and mail to:

Jake Wachsmuth
Attn: Cardinal Football Camp
103 Arkansas
Shiner, Texas 77984

Camp fees are as follows: \$40 (please pay before July 20th to guarantee a T-shirt during camp)

Make checks payable to Jake Wachsmuth

Name: _____ Grade in September 2018: _____ Age: _____

Address: _____ City: _____

School: _____ T-Shirt Size: YS YM YL S M
L XL

Parent/Guardian _____ Name: _____

Home Phone: _____ Cell Phone: _____

Family Doctor: _____ Phone Number: _____

Medical Release:

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby wave and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problems or physical impairment that would be affected by the below named camper's participation in the camp program. The on-site certified coach and the nearest medical facility are hereby authorized to render primary medical care to my son during the camp.

Assumption of Risk / Release from Liability

I, the undersigned, as the parent or legal guardian of a minor child, _____ hereby acknowledge that the forenamed child is covered by medical insurance as follows: Insured: _____ Company: _____ Policy Number: _____. It is further understood that Shiner Catholic School does not provide medical insurance covering injuries of any nature incurred at the 2018 Cardinal Football Camp. The undersigned hereby releases Shiner Catholic School, its successors, assigns, officers,

agents and employees, from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the forenamed child in the 2018 Cardinal Football Camp.

Parent Signature

Date
