B THE ROPE HO

2014 SKILLS CAMP JULY 29-31 GRADES 9-12 (9 AM – 1 PM) MIDDLE SCHOOL (1:30 - 3:30)

COST \$20CLUDES T-SHIRT

CAMP WILL TAKE PLACE AT THE MIDDLE SCHOOL

2014 SWARTZ CREEK FOOTBALL SKILLS CAMP

PLAYER NAME: _____ GRADE: ____

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ADDRESS: ______

PHONE:

PARENT/GUARDIAN NAME AND PHONE #

PARENTAL RELEASE: I hereby authorize the staff of the Swartz Creek Football Skills Camp to act for me according to their best judgment in any emergency requiring medical attention. Furthermore, I hereby release the staff of Swartz Creek Football Skills Camp from any cause of action I may have arising during the camp.

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Parents Signature: ____ T-SHIRT SIZE (CIRCLE ONE) ADULT

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__ Date: _____ ^ L

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