

ASSUMPTION FOOTBALL CAMP

WHO: 5TH, 6TH, 7TH, 8TH GRADE ATHLETES
(Grade entering in 2014-2015 school year)

WHEN: JULY 28, 29, 30, and 31, 2014

WHERE: ASSUMPTION FOOTBALL FIELD

TIME: 6:00PM – 8:00PM

STAFF: ASSUMPTION MIDDLE/HIGH SCHOOL
COACHING STAFF

COST: \$20.00 Each camper will receive a camp shirt.
(Campers please bring appropriate gear, such as, sweatpants or shorts, cleats, and t-shirt to practice in.) Make checks to: Assumption Athletics

(REGISTRATION DEADLINE IS WEDNESDAY, JULY 9, 2014)

Name (please print): _____ Phone#: _____

Address: _____ City: _____

Grade in 2014 – 2015 school year (please circle one): 5 6 7 8

Send completed application to: Jeff Sullivan, 3410 Whispering Pines Lane, Wi. Rapids, WI 54494 – (715) 570-9083

I accept full responsibility for all medical expenses due to injury/illness incurred at the Assumption Football Camp. I hereby authorize the coach of said camp to act for me according to his best judgment in any emergency requiring medical attention.

Parent Signature Required

Please Print Name Here