

Crusader Youth Football Camp



\$30ea

JUNE 3-6

10:00-11:30am

Incoming 3rd - 6th Graders

**Free T-Shirt for All
Athletes!**

Athletes need to bring a water bottle

Email Coach Ashby with questions: jashby@gicc.org

REGISTRATION | crusader football camp

Register by May 17

Student's Name: _____

Grade Entering in Fall: 3 4 5 6

Tshirt Size: Youth SM Youth MD Youth LG Adult SM Adult MD Adult LG

Parent's Names: _____

Phone Number: _____ Email: _____

Emergency Contact: _____

INSURANCE WAIVER: I give _____ permission to participate in the GICC Crusader Football Camp. I realize that there is a risk of injury to my child. I hereby release GICC schools, coaches, camp directors and any assistants from liability in the event of injury to my child. I am also aware that I will be responsible for any medical costs incurred with an injury to my child.

Parent Signature: _____ Date: _____