

Lake Mary Youth Football Camp Registration Form

T Shirt Size- Child S, M, L Adult S M L XL XXL other _____

Name: _____

Age: _____

Youth Football Level/ Team (if applicable) _____

Address: _____

Phone : _____

E Mail: _____

Emergency Contact/Phone: _____

I am the parent/legal guardian of the above named participant and I hereby understand that Seminole County Public Schools, coaches, players, students, volunteers, sponsors, and any other affiliates will be held harmless of any and all liability which may arise from my child's participation in the Lake Mary Youth Football Camp. Additionally, I hereby authorize camp personnel to act in my behalf in any emergency treatment which may be required. It is understood that this authorization is given in advance to and in any specific diagnosis, treatment, or hospital care being required and to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician in the exercise of his/her best judgment may deem advisable.

Signature _____ Date _____

Relationship to Camper _____

In Advance / before 7/1/09 \$60.00
Late Sign Up / After 7/1/09 \$75.00

Please return this form and Payment to:
Lake Mary Football
655 Longwood-Lake Mary Rd
Lake Mary FL 32746