



**2012 LAKE VILLA TIMBERWOLVES  
FOOTBALL SUMMER CAMP  
SPONSORED BY LAKES HIGH  
SCHOOL FOOTBALL COACHES  
JULY 17-19, 6-8 PM**



**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
City State Zip

**Primary Contact:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact #:** \_\_\_\_\_

**Grade:** (This Fall)    K   1   2   3   4   5   6   7   8

**T Shirt Size:**    YS   YM   YL   AS   AM   AL   AXL (Pre-registration guarantees a T shirt)

**PARTICIPANTS RELEASE AND PARENTAL PERMISSION FORM**

In consideration of our participation in the Lake Villa Township Youth Football & Cheerleading (LVTYFC) Summer Football Camp, sponsored by Lakes High School Football Coaches we do hereby for ourselves, our heirs, executors, and/or administrators, waive, release, and forever discharge any and all rights and claims for damages which may occur to us against the LVTYFC Program, and/or their respective officers, agents, coaches, or representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by the named participant in connection with said association with and or arising out of his/or hers traveling to, participation in, and return from LVTYFC Summer Football Camp, sponsored by Lakes High School Football Coaches.

I also hereby agree to indemnify and hold harmless LVTYFC Program, sponsored by Lakes High School Football Coaches and/or their respective officers, agents, coaches, or representatives, for any and all claims, losses, damage, or liabilities that may incur as a result of my child's participation in LVTYFC Summer Camp, sponsored by Lakes High School Football Coaches.

In the event of accidental injury or sudden illness, I hereby authorize needed emergency medical treatment by a physician and/or hospital until such time as I can be contacted. If a parent can not be contacted, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form and a check for \$50.00 to: PO Box 953, Lake Villa, IL 60046, Attn: Dir of Registration**

**LEAGUE USE ONLY** (Do not write below this line)

Camp Fee: \$50.00

Credit Card (Visa / MasterCard / Discover)

Date Paid \_\_\_\_\_

Cash

Check #