2018 LAKE VILLA TIMBERWOLVES

FOOTBALL SUMMER CAMP

SPONSORED BY LAKES HIGH SCHOOL

JULY 9TH, 10TH, & 12TH

Participant's Name: _____ Age: _____
Last First Middle

Address: _____
Street City State Zip

Primary Contact: _____ Phone #: _____

Secondary Contact: _____ Phone #:_____

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

T-Shirt Size: YS YM YL AS AM AL AXL

PARTICIPANT'S RELEASE AND PARENTAL PERMISSION

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 the 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 cannot be contacted, please contact:

Name: _____ Phone #: _____

Relationship: _____

Parent's Signature: _____ Date: _____

Mail completed form and payment to: PO Box 953 Lake Villa, IL 60046 Attn: Director of Registration

Please make checks payable to: LVTYFC

LEAGUE USE ONLY – DO NOT WRITE BELOW THIS LINE

Camp Fee: $50.00 **Date Paid: _____**

Payment Type (circle one)**: Cash Check Credit Card**

Check #: _____

Credit Card #: _____

Name on Card: _____

Expiration Date: _____/_____ CVV: _____