

**2008 CCHS Football QB/Receiver Skill Development Camp
for Grades 5 through 9**

Please print this page, complete the form below and send it along with a check for \$75 (payable to CCHS Football QB and Receiver Camp) to CCHS, 2401 SE Stark St, Portland OR 97214 Attn: Steve Pyne.

No Refund after July 3.
Registration Closes July 3.

<u>2008 CCHS Football QB/Receiver Skill Development Camp for Grades 5 through 9</u>	
Name:	
Mailing Address:	
City, State, Zip:	
Home Phone:	
Email:	
Date of Birth:	
Grade Fall 2008:	
Fall 2008 School:	
Mother's Name:	
Father's Name:	
Parents e-mail:	
Insurance Carrier:	
Policy Number:	
<u>Insurance Release Form</u>	
<p>I hereby authorize the Central Catholic High School Youth Football Camp Directors to act for me according to their best judgment in any and all emergency situations requiring medical attention and hereby waive and release Central Catholic High School and the Directors of the Central Catholic Football Camp from any liability for any injuries incurred by my child during the camp. It is understood that participation in the game of football can result in serious injury or even death.</p>	
_____	_____
Signature (Parent or Guardian)	Date

Signature (Participant)	
In case of emergency please notify:	
Name: _____	
Phone Number: _____	
Relationship to Player: _____	