



CHS Football Youth Twilight Camp 2024

Grades: Current K-8 (23-24 school year)

May 31, 7pm-9pm

Location: Churchill High School
Cost: \$30 (cash or check)

Registration Options

Mail or give to: Allen Feigel 8900 Newburgh Rd., Livonia, MI 48150

*Make checks payable to Churchill High School- No refunds

*T-shirts are only guaranteed to pre-registered campers prior to June 1

Registration Form

Camper's Name: _____

Camper's Shirt Size (please circle): YOUTH: S M L XL ADULT: S M L XL 2X

Grade: K 1 2 3 4 5 6 7 8

Parent Name: _____

Parent Email: _____

Parent Phone: _____

Liability Agreement

I hereby and herein authorize the Director of the Churchill Football Camp, or any staff working on the camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp, in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my child or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the football camp. I also represent that my child or ward has received a physical within the last year and is medically competent to participate in the activities at the camp. Lastly, by my signature hereunder, I have read and fully understand the above liability agreement.

Signature of Parent or Guardian: _____