

YOUTH SPEED AND ABILITY TRAINING

- UNDER THE LIGHTS -

July 16-18, 8-10pm

24/25 K-8th Graders COED \$60 (cash or check-CHS)

*T-shirt sizing is only guaranteed to pre-registered campers prior to June 1st

*Checks payable to Churchill High School - No Refunds

Mail to:

Churchill High School
Attn: Allen Feigel
8900 Newburgh Rd.
Livonia, MI 48150

Camper's name:	
Shirt size (circle):	Youth: S M L Adult: S M L XL 2X
Grade (circle):	K 1 2 3 4 5 6 7 8
Parent name:	
Parent email & phone:	

Liability Agreement

I hereby and herein authorize the Director of the Churchill 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: _____