

**WESTOSHA FALCON YOUTH FOOTBALL**



**GET IN THE GAME!**

**SUMMER CAMP**

**Tuesday, July 10-Thursday, July 12, 2018**  
**3:00-5:00 p.m. @ CHS Stadium Field**

**262/287-6281 WWW.WESTOSHAFOOTBALL.ORG**



**CHS YOUTH FOOTBALL SUMMER CAMP 2018**  
**JULY 10TH-12TH! 3:00-5:00 P.M. | CHS STADIUM FIELD**

Please complete form & return with payment by **June 15, 2018** to:  
 CHS Athletic Director, 24617-75<sup>th</sup> Street, PO Box 38, Salem, WI 53168

**PLAYER INFORMATION:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Age as of August 1, 2018: \_\_\_\_\_ School: \_\_\_\_\_ Grade (Fall 2018): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency contact (in event parent(s)/guardian listed above cannot be reached):  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAMP FEE INCLUDES:**  
 Camp t-shirt AND supervision  
 and fundamentals instruction by  
 Westosha Central High School  
 Falcon Football coaching staff.

**PLAYERS SHOULD BRING:**  
 Cleats and a water bottle.

**MEDICAL INFORMATION:**

Medical conditions and/or restrictions: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Medications needed at camp:  YES  NO  
 Additional medical notes: \_\_\_\_\_

**CAMP FEE:** \$40 per athlete. Registration & payment due by **June 15, 2018**.  
 Please make checks payable to: **Westosha Falcon Youth Football**

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

**T-SHIRT SIZE:** (Youth sizes may run small): YM YL YXL AS AM AL AXL A2XL A3XL

**PARENT/GUARDIAN WAIVER:**

I, the undersigned parent or guardian, waive all rights to hold Westosha Falcon Youth Football, LLC, its coaches, officials, and Board of Directors responsible for any injury to my child during the WFYF Summer Camp 2018.

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

Please refrain from using my child's photo for Westosha Falcon Youth Football promotional purposes.