

TWHS CHALLENGER FOOTBALL CAMP

2014 Registration Form (No Cost)

Saturday October 25, 2014
1:00pm-3:00pm

Via e-mail

Send info below to Jeanne Eschenfelder
jeschenfelder@cbunited.com

Cell: 214-356-0579

Mail registration form:

TWHS Challenger Football Camp
Jeanne Eschenfelder

14 Monet Bend Place
The Woodlands, Texas 77382

PLEASE RETURN FORMS BY SATURDAY, OCTOBER 11th, 2014
WALKUPS ALSO WELCOME DAY OF THE EVENT

Circle T-shirt size: YS, YM, YL, AS, AM, AL, AXL, XXL, XXXL (All campers will receive a T-shirt)

Athlete Name _____ Cell Phone _____
Age _____ Birthdate _____ Address _____
Parent Name _____ City / Zip _____
Parent Signature _____ E-mail _____

Parent's Statement: In accordance with the rules of the Challenger Football camp, I hereby give my consent for the aforementioned camper to participate in camp activities. The camper will be engaging in physical activity during the program which contains an inherent risk of physical injury. The above-signed assumes that risk and indemnifies The Woodlands Quarterback Club, the Woodlands High School, the Challenger Football Camp, Directors, Agents, and Employees from any liability for the personal injury arising out of the applicant's participation in the camp. If, at any time, it is necessary for the aforementioned camper to receive outside or professional medical attention, I hereby give my consent to the Camp to secure the services of whatever physical or medical facility selected and to secure whatever transportation is deemed necessary. Finally, I understand that costs related to medical treatment are my responsibility and have appropriate insurance coverage for the aforementioned camper.

Signature

Printed Name

Date _____