## TWHS CHALLENGER FOOTBALL CAMP 2015 Registration Form (No Cost)

Saturday October 31, 2015 1:00pm – 3:00pm Check-in begins at 12:15pm

<u>Via e-mail:</u>
Send info below to Stefani Urban
<u>Stefani.urban@gmail.com</u>
Cell: 281-630-9955

Athlete Name\_\_\_\_\_

Mail Registration form:
TWHS Challenger Football Camp
Stefani Urban
38 Midday Sun Place
The Woodlands, TX 77382

Cell Phone

## PLEASE RETURN FORMS BY THURSDAY, OCTOBER 8th, 2015 WALKUPS ALSO WELCOME ON THE DAY OF THE EVENT

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

Age Birthdate	Address
Parent Name	City/ Zip
Parent Signature	E-mail
my consent for the aforementioned campengaging in physical activity during the injury. The above-signed assumes that r The Woodlands High School, the Challe from any liability for the personal injury at any time, it is necessary for the aforen medical attention, I hereby give my conphysical or medical facility selected and	the rules of the Challenger Football camp, I hereby give per to participate in camp activities. The camper will be program which contains an inherent risk of physical risk and indemnifies The Woodlands Quarterback Club, enger Football Camp, Directors, Agents, and Employees arising out of the applicant's participation in the camp, If, nentioned camper to receive outside or professional sent to the Camp to secure the services of whatever to secure whatever transportation is deemed necessary. In medical treatment are my responsibility and have forementioned camper.
Signature	Printed Name
Date	<u></u>