



PCS Football Camp



July 24th-27th, 2017: \$60/player
(entering) 7th-8th (3:30-5:30pm)
(entering) 4th-6th (6:00-8:00pm)

Name: _____

Grade entering _____ Age: _____

Address: _____

Phone# (s) _____

Any medical concerns: _____

T-shirt Size (circle please) Adult: S, M, L XL, XXL

(t-shirt is included if registered by Friday, June 16th 2017)

****No refunds will be issued after June 16th**

Parent—Please read and sign below.

I hereby consent to have my child participate in the Park Christian Football Camp. I understand that there are risks involved in participation in this camp's activities. I certify that my child is medically fit and able to participate in the activities at camp. I authorize the camp staff to act in their best judgments in an emergency that requires medical attention for my child.

Parent _____ Date _____

Send registration with entry fee by June 16th to: Park Christian Football Camp
300 17th St. N.
Moorhead, MN 56560