

**SOUTHERN COLUMBIA HIGH SCHOOL**

**SATURDAY, JUNE 18, 2016**

**9:00 AM — 3:00 PM**

**\*FOR GRADES 3-9 FOR 2016-17 SCHOOL YEAR\***

Lunch will be provided! If you would like to confirm registration email [jroth@scasd.us](mailto:jroth@scasd.us) We WILL NOT be contacting registered campers.

What to bring? – Wear workout clothes and bring football cleats (not necessary) if you have them. NO metal baseball spike shoes!

**Please Print**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade for 2016-17 School Year: \_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_**

**Position: Offense \_\_\_\_\_\_­­­\_\_\_\_ Defense \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_**

**Parents Phone: (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-shirt Size (check one), Need form by June 6 to guarantee T-shirt!**

**Youth: Medium\_\_\_\_\_ Large\_\_\_\_\_**

**Adult: Small \_\_\_\_\_ Medium\_\_\_\_\_ Large\_\_\_\_\_ Extra Large\_\_\_\_\_ 2XL\_\_\_\_\_**

Liability Waiver:

I acknowledge that I have been advised of the risks involved in my son’s participation in the youth football camp and have been made aware that his participation in the camp may result in injury or harm to my son and I assume responsibility for any and all such risks to my son. In the event that my son may sustain an injury as a result of their participation in the camp program, I hereby agree to hold harmless Southern Columbia, it’s directors, officers, coaches, athletic trainers, supervisors, and any other employees or agents there of, for any and all such injuries. I affirmatively certify that to the best of my knowledge, my son is in good mental and physical health and capable of participating in this activity.

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Signature of Parent/Guardian Date

**Return to:**

**Hyno-Tiger Football Camp**

**C/O Jim Roth**

**Southern Columbia H.S.**

**812 Southern Dr.**

**Catawissa, PA 17820**

**Make Checks Payable to:**

**Hyno-Tiger Football Camp**

**$40.00 Per Camper**

**$70.00 for 2 from same Family**