

**ZHS**  
**2017 David Brewerton**  
**Football Camp**

**Fee: \$100**

**Ages 5-14**

**Days: June 5<sup>th</sup>-8<sup>th</sup>, 2017**

Time: 9:00am – 12:00pm

**Camper Information** (please print clearly)

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

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

Grade Entering Fall 2017 : \_\_\_\_\_ Age : \_\_\_\_\_

**All Campers will receive a t-shirt** Size: YS YM YL AS AM AL AXL AXXL (please circle shirt size)

**Parent/Guardian Contact Information** (please print clearly)

Name: \_\_\_\_\_ (relationship to camper) \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby authorize the directors of this Football Camp to act for me according to his/her best judgment in the event of an emergency requiring medical attention. I know of no mental or physical problem which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charge in connection with his attendance at camp. I agree to abide by the rules and regulation of the camp.

X \_\_\_\_\_ (PRINT CAMPER'S NAME)

X \_\_\_\_\_ (Parent/Guardian Signature)

Please mail forms to: **Zachary High School**  
**4100 Bronco Lane**  
**Zachary La 70791, attn. David Brewerton**

For more information or questions email: david.brewerton@zacharyschools.org

PLEASE MAKE CHECKS TO: **David Brewerton Football Camp**

