



WEST BRUNSWICK HIGH SCHOOL FOOTBALL CAMPS

INSTRUCTION FROM HIGH SCHOOL COACHES

WHEN: JULY 25-27, 2011

TIME: 6-8 P.M.

AGES: 8-14

COST: \$30.00



ALL POSITION CAMP & QUARTERBACKS / WIDE-RECEIVER CAMP

TO REGISTER



**MAIL REGISTRATIONS & FEE TO:
WEST BRUNSWICK HIGH SCHOOL
C/O COACH FLETCHER
550 WHITEVILLE ROAD NW
SHALLOTTE, NORTH CAROLINA 28470
REGISTRATION FORM ON BACK**



REGISTRATIONS CAN BE TAKEN DURING THE SUMMER AT:

WEST BRUNSWICK HIGH SCHOOL

MONDAY - THURSDAY

8a.m. - 3p.m.

COSPONSORED BY THE BRUNSWICK COUNTY PARKS & RECREATION

WEST BRUNSWICK HIGH SCHOOL TROJANS SUMMER FOOTBALL CAMP

NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street or P.O. Box)

_____ (City) (State) (Zip)

AGE: _____ **BIRTHDATE:** _____
(Month / Day / Year)

HEIGHT: _____ **WEIGHT:** _____

PHONE: () _____ **EMERGENCY:** () _____

EMAIL: _____ @ _____ .

HIGH SCHOOL DISTRICT: _____ **BRUNSWICK HIGH SCHOOL**

SCHOOL ATTENDING: _____ **GRADE:** _____

PLEASE NOTE ANY PHYSICAL LIMITATIONS OR MEDICATIONS THAT MAY LIMIT PARTICIPATION:

AS A PARENT OR GUARDIAN, I GIVE MY CONSENT FOR THE ABOVE NAMED TO PARTICIPATE IN THIS ACTIVITY. I THEREFORE RELEASE BRUNSWICK COUNTY, BRUNSWICK COUNTY SCHOOLS, WEST BRUNSWICK HIGH SCHOOL, EMPLOYEES OR AGENTS FROM ANY AND ALL LIABILITY AND RESPONSIBILITY FOR ANY ILLNESS, INJURY, ACCIDENTAL DEATH OR DAMAGE TO PERSONAL PROPERTY SUSTAINED IN THE ABOVE ACTIVITY.

Parent or Guardian Signature **Date:** _____

Fee: \$30.00 **Cash:** _____ **Check:** _____

Check #: _____ **Date:** _____ **Receipt#:** _____

MAIL TO:
W.B.H.S. FOOTBALL CAMP
C/O COACH FLETCHER
550 WHITEVILLE ROAD NW
SHALLOTTE, NORTH CAROLINA 28470