

2019 Columbian Football **Youth Camp**

Dates

June 3rd-6th

Time

9-11am

Place

Frost Kalnow Stadium

(Players will be divided into tunnel, gym, and Old Fort Fitness Center if inclement weather)

Who

Boys or Girls ENTERING Grades 1st-8th

\$30 Sign Up

Make Checks Payable To: Columbian Football

Send to 300 South Monroe Street

Tiffin, OH 44883 or Drop Off at Athletic Office

Walk-Ups Are Welcome but t-shirt is not guaranteed

Participant Name(s) _____

Grade in Fall of 2019 _____ Phone Number _____

**Please indicate youth or adult size of shirt for camper
(Please circle one).**

Youth: Small Medium Large

or

Adult: Small Medium Large

Parent Release Form

I, _____

Certify that I consent to allow my child to participate in the Tiffin Columbian Youth Football Camp. I warrant, represent, and certify that my child has no physical limitations that would prohibit him or her from participating in said activity. I further acknowledge and agree that I have been informed that the reasonably known risks of sports programs of this type include the following: sprains, muscle strains, muscle pulls, and fractures. I acknowledge and agree that my questions regarding these risks have been satisfactorily answered. In consideration of allowing my child to participate in the Tiffin Columbian Youth Football Camp I do hereby release and forever discharge Tiffin City Schools and its employees or volunteers from and against any and all actions, causes of action, claims, demands, liabilities damages of any kind or nature whatsoever on account of any and all known and unknown injuries, losses or damages which my child may have or incur at the Tiffin Columbian Youth Football Camp or while on route or and/or from such events or which may result from my child's participation in such events as a result of, or in connection with my child's participation at the camp.

Parent/guardian name (please print) _____

Parent/guardian signature _____ Date _____

Address _____

Emergency Contact Phone # _____