2014 City of Graham
Youth Football Camp

Mailing Address: P.O. Box 357 Graham, NC 27253
Recreation Center Phone Number: 336-570-6718
E-Mail Address: adavis@cityofgraham.com
Register at the Graham Recreation Center from May 19th – July 7th
Participation Fee: $12.00

To sign up on-line with a credit card please visit: www.grahamrecreationandparks.com

Child's Complete Name: _____ Gender (M/F): _____
First Middle Last

Address: _____ City: _____ State: _____ Zip:_____

Birth Date (MM/DD/YY): _____Age as of August 1, 2014: _____ T-Shirt Size: ys, ym, yl, as, am, al, axl

Parents/Legal Guardians: _____ Home Phone :(____)_____

E-Mail Address: _____ Cell: (____) _____Business: (____) _____

Emergency Contact: _____ Emergency Phone: (____)_____

FOOTBALL CAMP DATES: AUGUST 4, 5 & 7 from 5:30pm-8:30pm

TOUCH DOWN

Authorization and Release

I hereby give my permission, for the above named child to participate and be involved in the City of Graham's Department of Recreation Program of Football Camp. By this authorization, I hereby approve of the program and accept the High School's. Middle School's or Graham Recreation facilities, equipment, supervision and the instructor as being satisfactory for the above named person. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor, or waive the right to do so. I hereby release the City of Graham and/or Alamance Burlington Schools and its employees from any and all damages on my behalf, which would or could be based on the qualification of the instructor and the adequacy of the supervision, facilities, or equipment used in the previously named program. I further understand that individual accident and general liability insurance is not provided by the Graham Recreation Department or any sponsoring agent. However, accident insurance is available for purchase from a private carrier through the Graham Recreation Department. The Graham Recreation & Parks Department does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or provision of services.

_____ _____
Parent/Legal Guardian Signature Date

Office Use Only:

Date:_____ Amount:_____ Cash/CH#:_____ Receipt#: _____Received by: _____