

Registration Form

Campers Name _____ Grade This Fall _____

Address _____

Home Phone _____ Work/Cell Phone _____

Emergency Name/ Number _____

Circle T-shirt Size: Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

MAKE CHECKS PAYABLE TO: WARRIOR FOOTBALL

Parent Release Agreement

As a Parent or legal guardian of _____ I hereby wave any responsibility of the Warrior Football Camp and Coaches for any injury which may be sustained while participating in the 2018 Warrior Football Camp.

Signature: _____

Date: _____

If you have any questions please contact Head Coach Bobby Engle at:
(870) 935-7501 Ext. 8023 OR bengle@westsideschools.org