

APRIL
15TH - 18TH

JUNE
3RD - 6TH



REYNOLDS LAMBERT FIELD
9608 AIRLINE HWY, SORRENTO, LA

\$25 FOR EACH CAMP (PAY ON ARRIVAL)
6:00PM - 7:30PM | AGES: 5 - 12

EMAIL REGISTRATION TO: STAMANTWILDCATSFootball@Yahoo.com
EARLY REGISTRATION RECEIVES FREE T-SHIRT

FOOTBALL CAMP REGISTRATION FORM

2019 St. Amant Wildcats Youth Football Camp

Directed by Head Coaches
And the
St. Amant Wildcats Football Staff
Ages 5 -12
April 15th – April 18th (Monday – Thursday)
June 3rd – June 6th (Monday – Thursday)
6:00 p.m. to 7:30 p.m.
Reynolds Lambert Field
9608 Airline Highway, Sorrento, LA 70778

Please fill out the following with your Child's information and return to email address: stamantwildcatsfootball@yahoo.com.

T-SHIRT SIZE:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Youth X-Small | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Medium | |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Large | |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult X-Large | |
| <input type="checkbox"/> Youth X-Large | <input type="checkbox"/> Adult XX-Large | |

Camp Attendance:

- April 15th – April 18th (Monday – Thursday)
 June 3rd – June 6th (Monday – Thursday)

CAMPER INFORMATION

CHILD'S NAME

STREET ADDRESS

CITY / STATE / ZIP

PARENT'S NAME

PHONE NUMBER

EMERGENCY PHONE NUMBERS

AGE and GRADE OF CAMPER (This Fall)

E-MAIL ADDRESS:

PARENTAL CONSENT FORM

Please read and sign the following consent form.

I hereby release St. Amant Wildcats, and their volunteers from all liability from injury or illness that may result from my child's participation from this camp. I certify that my child has been examined by a physician and found to be in good physical health and able to compete in all camp activities without restrictions. Furthermore, In the event that I cannot be reached in a medical emergency,

I hereby grant permission to camp volunteer's members to act on my behalf in case of a medical emergency and authorize the directors of the St. Amant Wildcats Football Camp act for me in accordance to their best judgment. I understand that St. Amant Wildcats Football does not provide camp medical insurance and that I am responsible for any/all medical expenses. I also understand that there are no refunds. NO EXCEPTIONS. .

Parent's or Guardian's Signature: _____ Date: _____

Payment Due upon arrival at each Camp. Cash or Credit Card ONLY.

Email completed registration form to stamantwildcatsfootball.com – Early Registration receives T-shirt.