

# WARRIOR FOOTBALL CAMP

2019 AUGUST 5-8...10-12 GRADE 7:30-10:00 AM...7-9TH GRADE 10-12:30PM

CHECK IN AT WAUKEE HIGH SCHOOL



Early Bird Rate \$90-95, Sibling Rate \$75-80. After July 5th Camp cost goes up \$5 per camper.  
REGISTER ONLINE; visit <https://waukee.revtrak.net/> and search under Athletics/Camps and Clinics  
Any questions contact Coach Carlson ([scarlson@waukeeschools.org](mailto:scarlson@waukeeschools.org))

## PLEASE COMPLETE ENTIRE FORM

ADULT : T-SHIRT SIZE: XXL XL L M S

ADULT : SHORT SIZE: XXL XL L M S

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street)

(City)

(State)

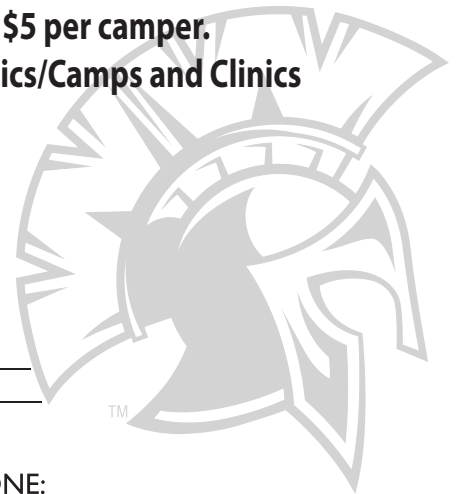
(Zip)

PARENT NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

GRADE THIS FALL 7 8 9 10 11 12

EMERGENCY PHONE: \_\_\_\_\_

POSITION(S) \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_



## PARENT RELEASE AND INDEMNITY AGREEMENT

We, (or I), hereby request that you accept the application for enrollment of \_\_\_\_\_ (participant's name) in the 2019 Warrior Football Camp during the dates of August 5th-8th and all their employees from all claims on account of injuries which may be sustained by our, (or my), child while attending the 2019 Warrior Football Camp; and we, (or I), agree to indemnify the Warrior Football Camp and Staff, Waukee School District, and all their employees for any claim which may hereafter be presented by our, (or my), child as a result of any such injuries.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Phone \_\_\_\_\_  
(Parent or Legal Guardian)