

GOLDEN ARM ACADEMY

COLT STRONG CAMPS



QB- SKILL, DRILL, AND DEVELOPMENT

JUNE 11, 18, 25

\$20

1ST-4TH GRADE

8:00 AM- 9:00 AM

5TH-8TH GRADE

9:00 AM- 10:00 AM

Location: Campus HS Practice Field, North side of CHS

Waiver for Participation:

Name _____ Parent(s) Name _____

Grade: _____ (2018-19 School Yr.) Shirt Size : _____

Emergency Contact & Phone _____

In consideration of accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release all rights and claims for damages my child and I may have against the Colt Strong Football Camp and their employees and agents and assigns for any and all injuries suffered by myself or my child at any activities by this group.

I give permission to Colt Strong Football Camp employees to administrate first aid as needed to my son in case of injury.

Parent or legal guardian must sign for all participates.

Signature _____ Date _____

Amount Paid \$ _____ Cash or Check # _____