

CANFIELD FOOTBALL CAMP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ PHONE: _____

SCHOOL: _____ GRADE (FALL 2024): _____

EMERGENCY CONTACT: _____ RELATION: _____ PH: _____

SHIRT SIZE(CIRCLE ONE): YS YM YL YXL YXXL

 AS AM AL AXL AXXL

REGISTRATION DEADLINE: May 28TH

RETURN TO: JOE IGNAZIO 100 CARDINAL DRIVE, CANFIELD, OH 44406

WAIVER TO PARTICIPATE: In participating in the Canfield Football Camp, I will not hold the Canfield Football Alumni Club, or the Canfield Board of Education liable, for any damages, injuries or losses suffered while attending this camp.

ATHLETE SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____