

**2018 FALCON FOOTBALL CAMP
JULY 9-13, 2018**



**JUNIOR CAMP: 9:00-10:30 A.M.(GRADES 1ST THRU 8TH)
VARSITY CAMP: 6:00-8:00 P.M.(GRADES 9TH THRU 12TH)
COST: \$35 PER CAMPER(ADDITIONAL FAMILY MEMBERS TAKE \$10 OFF)
LOCATION: FOOTBALL FIELD
SEND APPLICATION TO: MIKE ALLEN
815 N. CHURCH
GIBSON CITY, IL. 60936**

NAME: _____ GRADE AS OF 2018-2019: _____

ADDRESS: _____

CITY: _____ PHONE NUMBER: _____

T-SHIRT SIZE(CIRCLE)

**CHILD: M L
ADULT: S M L XL XXL XXXL**

*****YOU WILL NEED TO PROVIDE PROOF OF MEDICAL INSURANCE OR SIGN A RELEASE WAIVER TO ATTEND CAMP. PLEASE BRING A PHOTO COPY OF YOUR INSURANCE CARD OR A LETTER FROM YOUR INSURANCE CARRIER. I DESIRE TO ENROLL IN THE 2018 FALCONS FOOTBALL CAMP TO BE HELD AT GCMS HIGH SCHOOL. I UNDERSTAND THAT NEITHER COMMUNITY UNIT DISTRICT #5, OR THE DIRECTORS WILL ASSUME RESPONSIBILITY FOR ACCIDENTS SUSTAINED AT THE CAMP OR AS A RESULT OF TRAVEL TO AND FROM THE CAMP.**

PARENTS SIGNATURE: _____