

PLEASE PRINT

NAME OF PARTICIPANT _____ Session: _____

ADDRESS _____

PHONE (H) _____ EMERGENCY CONTACT# _____

(Work or Cell) _____ GRADE ENTERING THIS FALL _____

SHIRT SIZE AS ___ AM ___ AL ___ AXL ___ AXLL ___ AXLLL ___

SPECIAL NEEDS /
ACCOMODATIONS _____

FORM NOT VALID UNLESS SIGNED BY PARENT OR GUARDIAN: My child has permission to participate in the Air Raid Academy Football Camp. I will not hold the Town of Monroe, Panther Club or the Air Raid Academy Football Camp, its employees or agents responsible in case of accident or injury. The Panther Club reserves the right to use any photos of coaches, players, or participants, while in session, for promotional purposes.

SIGNATURE OF PARENT/GUARDIAN _____

CHECKS MADE PAYABLE TO: ELITE PANTHER FOOTBALL CAMP

MAIL TO: PANTHER FOOTBALL

1014 MONROE TPKE

MONROE, CT 06468