



# FOOTBALL FUTURES

## Youth Football Camp 2011



Location: Wilder Elementary

June 6-10

9:00 am - 12:00 pm

Grades 1<sup>st</sup> - 5<sup>th</sup>

(Non-Contact)

This is a non-contact, fundamentals football camp that will include offensive and defensive drills; kicking drills; and scrimmages. Snacks and water are provided each day. Campers will receive a camp t-shirt and pizza party on Friday.

Session	Cost Per Week	Cost Per Week-Early Discount if paid in full by May 24
June 6-10 (5 days)	\$100	\$95

Call Football Coach Mark Catlett for info: 407-2355 or e-mail: [footballfutures@gmail.com](mailto:footballfutures@gmail.com)

For information about Football Futures LLC go to [www.footballfutures.org](http://www.footballfutures.org)

Mail this application with payment (*make check payable to Football Futures LLC*) to the address below:

Mark Catlett  
Football Futures LLC  
329 South Birchwood Ave. Louisville, KY 40206

Child's Name \_\_\_\_\_ School (Fall 2011) \_\_\_\_\_

Grade (Fall 2011) \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents' Home Phone \_\_\_\_\_ Cell Phone/work phone \_\_\_\_\_

Emergency Contact if other than Parent (name & number) \_\_\_\_\_

Parent's E-mail (please print neatly) \_\_\_\_\_

1. Enclosed is a check for (check **ONE**):

\_\_\_\_\_ June 6-10 (early bird discount) \$95

\_\_\_\_\_ June 6-10 (after May 24) \$100

2. I would like to go on the waiting list if session is full, Check one: \_\_\_\_\_ Yes or \_\_\_\_\_ No

3. Youth T-shirt Size (check one) Youth: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please read and sign waiver on back)



# Football Futures LLC

Please complete and sign form and return with application.

## I. Release Waiver

I hereby give my consent for my child to participate in the Youth Football Camp run by Football Futures LLC at Wilder Elementary. I understand that there is inherent risk associated with participation in football camp. I will not hold Wilder Elementary or the coaching staff of Football Futures LLC responsible for any accident or injury that may occur to my child while participating in this program.

List any medical or allergy concerns that we may need to be aware of:

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**SIGN** Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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## II. Photo Release Form

Football Futures LLC may take photographs of participants during summer camps. These photographs may appear in media releases or Football Futures LLC publications, such as the web site, www.footballfutures.org. Please complete this form below.

\_\_\_ I hereby grant Football Futures LLC permission to use my child's photograph for the purposes mentioned above. I understand Football Futures LLC may use these photos in subsequent years unless I revoke this authorization by notifying Football Futures LLC in writing.

\_\_\_ I DO NOT grant Football Futures LLC permission to use my child's photograph for the purposes mentioned above.

Child's name: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Name (Printed): \_\_\_\_\_

**SIGN** Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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