



THORNTON

TROJAN

YOUTH FOOTBALL CAMP

2010 REGISTRATION FORM

Name: _____ Age/Grade: _____

Parent: _____ Phone #: _____

E-mail: _____

RELEASE OF LIABILITY

I, the parent or guardian of _____, do hereby release Trojan Football Camp, and all of its employees from liability for any damage, loss, or injury, sustained either directly, or indirectly, by the participant while involved in the Trojan Football Camp.

Signature of parent/guardian

Date

RESIDENCE DECLARATION

I declare that the child I have registered for this football camp currently resides in the Adams County District 12 boundaries for Thornton H.S.

Initial



CREATING **A** **N**EW **T**RADITION



Thornton H.S. * 9351 n. Washington St. * Thornton, CO 80229