

ADIRONDACK TEAM CAMP 2010

When: Monday, June 28th – Thursday, July 1st

Where: Glens Falls High School

Time: 5:00 – 7:30pm

Equipment: Monday & Tuesday **Uppers**
Wednesday & Thursday **Full Pads**

Cost: \$65.00 (Cash **or** checks made out to: Glens Falls Football)

***Camp will run rain or shine. If thunder and lightning we will take cover and resume or go inside @ The Dome (if available).**

All Parents/Guardians must sign the permission slip for their child to participate.

Registration/Permission Slip

Your Coach will collect this form with cash or check for \$65.00

Make checks out to: Glens Falls Football

Athletes Name _____ Home Phone _____

Medical Conditions? _____ Emergency # _____

I, as parent or guardian, give the child named above the permission to attend & participate in the **Adirondack Team Camp**. I verify that the child listed above is physically able to participate in the contact and non-contact activities of the camp. I also understand that the Adirondack Team Camp, Glens Falls High School and its' coaches will not be held responsible to person or property. I have carefully read the above and agree to all terms.

Signature _____ **Date** _____