



**GRAPEVINE YOUTH FOOTBALL AND CHEERLEADING ASSOCIATION**  
*Invites all football players to join us for...*



**FOOTBALL FUN!**  
**AT THE**  
**2006 FOOTBALL SKILLS CAMP**  
**(NON-CONTACT)**



**MONDAY, AUGUST 7<sup>TH</sup> THRU THURSDAY, AUGUST 10<sup>TH</sup>**  
**6:00PM TO 8:00PM**  
**PARR PARK – GRAPEVINE**

Register by bringing completed form to registration event  
 or by clipping the form and mailing it to:

Grapevine Youth Football and Cheerleading Association  
 Attention: 2006 Football Skills Camp  
 PO Box 2191  
 Grapevine, TX 76099

**\*\*Please make checks payable to GYFCA\*\***  
**We will accept walk-up registrations on first day of camp!**

**FOR AGES 7 – 12 YEARS**  
**REGISTRATION FEE \$50.00**

**\*\*EVERY CAMPER RECEIVES A T-SHIRT\*\***

Players should wear shorts and cleats.  
 Please bring drinking water!

[www.grapevinepeeweefootball.org](http://www.grapevinepeeweefootball.org)  
 (817) 454-4100

**REGISTRATION AND RELEASE CONSENT – PLEASE READ CAREFULLY**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_

**WAIVER AND RELEASE STATEMENT**

I, the parent (or legal guardian) of the above named child, do hereby give my approval for his/her participation in any and all 2006 Football Skills Camp activities. I understand that the camp is conducted by representatives of the Grapevine Youth Football and Cheerleading Association (GYFCA) and recognize any dangers inherent to my child's participation in this camp. I further state and do hereby certify that my child is considered physically sound enough to participate in all related camp activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Association, Board Members, coaches, the organizers, sponsors, supervisors, participants and any person connected to the GYFCA for any and all damages, costs, expenses and attorney fees which may be sustained, suffered or incurred by my child or me as a result of participation in this camp and any of its activities.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_