



COUGAR FOOTBALL CAMP

MON. JULY 8TH- THURS. JULY 11TH, 2024

Registration and Physical Release:

Camper's Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Parent Phone Number: _____

Parent Email: _____

Camper's School: _____

Grade (next fall): _____

T-Shirt Size (**ADULT**): Sm: ___ M: ___ L: ___ XL: ___

Physical Conditions/Limitations: _____

Insurance Company: _____

Policy Number: _____

PERMISSION AND RELEASE: I, the undersigned parent or guardian of _____, gives permission for my child to participate in the activities of the Cougar Football Camp. My child is physically able to participate, and in doing so, will in no way harm his/ her health. I further assume all risk and hazards incidental to the conduct of the activities, including transportation to and from the activities. I hereby release, absolve and hold harmless the MACS, the athletic association of the school/parish, the Diocese of Charlotte, Reilly Athletics LLC, the staff, the organizers, and the coaches/supervisors from any and all injury, loss or other damage to us or the above child, arising out of the activities of the program. I grant permission for treatment deemed necessary for a condition arising during participation of the activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history I provided is complete and accurate to the best of my knowledge.

Parent/Guardian Consent: _____

**Instruction provided
by the Charlotte
Catholic Football Staff**

**Rising 3rd Grade-
Rising 9th Grade**

**Location: Charlotte
Catholic High School
8:30am-11:30am**

**T-Shirts and freeze
pops will be provided**

**Attire: T-Shirt, Shorts,
Cleats, Water Bottle**

**MAIL FORM AND \$160
CHECK TO:**

Reilly Athletics LLC

11722 Mirror Lake Dr.
Charlotte, NC 28226

Questions? Call Marty
Chutney 704-280-1092
machutney@charlottecatholic.com