Sherrard Football Youth Camp Form

**To be filled out in lieu of an electronic form*

Player's name:_____

Player's grade in the upcoming school year (please circle)

1st 2nd 3rd 4th 5th 6th 7th 8th

Player's **t-shirt size** (please circle)

Youth S Youth M Youth L Small Medium Large XL 2XL

Parent/Guardian Info

Name:_____

Phone Number:_____

Email:_____

*I certify that my son/daughter has my consent to participate in the 2026 Sherrard Football Summer Youth Camp to be held July 18 at Sherrard High School. I also acknowledge that my son/daughter is covered under health insurance and that he/she is physically able to compete in all football related activities initiated at the camp. Furthermore, I waive Sherrard High School and any individuals involved with the football camp from any responsibility should an injury or tragedy occur. I realize that my son/daughter is participating at their own risk.

Please Circle: Yes No

Please Circle: $30 Cash/Check Attached $30 Cash/Check will be brought day of