



# Cougar Football Camps

**Ages: 5 - 16**

**SMITHVILLE PARK**  
**JULY 26-JULY 30, 2022 / 6-8:00 P.M.**  
**10 A.M.-NOON ON THE 30TH.**



**DONATIONS WILL BE ACCEPTED**

**Football Camp:**



**FUNDamental Training, Position Instruction & Agilities on the Beach**

PLEASE MAKE CHECKS OUT TO  
COUGAR YOUTH FOOTBALL ORGANIZATION

IN MEMO AREA, PLEASE INDICATE  
FOOTBALL CAMP

CONTACT: MIKE SULLIVAN (910) 443-5818  
REGISTRATION FORM ON BACK

PLEASE CONTACT MIKE SULLIVAN  
AT

(910) 443-5818 WITH QUESTIONS.

YOU CAN REGISTER ON JULY 26<sup>th</sup>

AT SMITHVILLE PARK



## Cougar Football Camps

**July 26-July 30, 2022 - 6-8pm/10-noon on 30<sup>th</sup>  
Smithville Park  
8340 River Road, SE / Southport, N.C. 28461  
(910) 443-5818**



(Please Print\*) Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_ T shirt size: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Registering for: FOOTBALL CAMP

Medical information staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

### Parent Authorization

I, parent/guardian of the above-named participant in the following activity, Football Camp / Cheer Camp, hereby give approval for his/her participation in any and all activities during the duration of the program/league/sport. I assume all risks and hazards incidental to participation including transportation to and from activities; and hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Oak Island, local league organization, sponsors, supervisors, officials, participants and all other persons involved in various capacities with the above activity for any claims, demands, or courses of action arising out of or by reason of the above activity for which the participant is registered. I also give my permission for the free and unrestricted use of my name and picture in any broadcast or written account of the event/activity.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the participant become ill or injured while participating in said activity or any associated activities at times when neither parent/guardian is available to grant authorization for emergency treatment.

I also agree to return equipment/uniforms, or any other supplies issued to the participant in good condition.

Parent/Guardian Signature:

\_\_\_\_\_

Insurance information/Medical Carrier:

\_\_\_\_\_

Fee: **FREE – NO CHARGE** but **DONATIONS** will be **ACCEPTED**

Paid Check # \_\_\_\_\_, Cash \_\_\_\_\_

**Checks made out to: Cougar Youth Football Organization**

In memo area please indicate Football Camp

**Contact Name: Mike Sullivan (910) 443-5818**