



Cougar Football & Cheerleading Camps Ages: 5 - 16

SMITHVILLE PARK
JULY 29-AUGUST 2, 2024 / 6-8:00 P.M.
AUGUST 3, 2024 / 10 A.M.-NOON



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 29th.

AT SMITHVILLE PARK

Cougar Football & Cheerleading Camps
July 29 – August 2, 2024 - 6-8pm/10-noon on August 3rd.
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 CHEERLEADING 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