



**ROBERT JOHNSON  
YOUTH FOOTBALL CAMP 2019  
June 17-19**

**Who:** Upcoming 1<sup>st</sup>-7<sup>th</sup> grade boys and girls  
**When:** Monday June 17 – Wednesday June 19 8:00 am - 11:00 am  
**Where:** Jud Scott Football Field at Lee-Scott Academy  
**Why:** To improve individual football skills and to have fun!  
**Wear:** T-shirt, shorts, cleats or tennis shoes – can bring own drink and/or snack  
**Camp to be run by Robert Johnson, Head Varsity Football Coach at Lee-Scott Academy.**

**Cost:** \$100.00 includes Camp T-shirt (make checks payable to Robert Johnson)  
\$100.00 if not pre-registered (T-shirt might not be available)

**Mail checks to:** Lee-Scott Academy  
Attn: Robert Johnson  
1601 Academy Drive  
Auburn, AL 36830

**For more info: Call Robert Johnson 334-220-7919 or email rjohnson@lee-scott.org**

-----Tear and Mail Here to pre-register (\$100) or Bring to camp (\$100)-----

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade for 2019-20:** \_\_\_\_\_ **T-shirt size (circle):** YS YM YL AS AM AL AXL AXXL

**Parent's Name:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of registrant, hereby releases and forever discharges the camp and all employees of the agents thereof from any and all liability of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrants participation in or involvement with this camp, including any failure of equipment or defect in the premises. If at any time it is necessary for the aforementioned Camper to receive outside or professional medical attention, I hereby give my consent to the Camp to secure the service of whatever physical or medical facility and to secure whatever transportation is deemed necessary. I hereby state that I am the legal guardian of said child.

**Signature of Participant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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