



PVMFA



Pequea Valley Midget Football Association Football & Cheerleading Camp

Date: June 17-20th 2019

Time: 6-8pm

Cost: \$15/child

Location: Pequea Valley High School practice field

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Doctor: _____ Phone: _____

Please specify any medical conditions we need to be aware of (allergies, asthma, etc.) as well as any emergency medicine that will be available/needed

Medical Release/waiver: I hereby authorize the staff of PVMFA cheerleading/football camp to act for me according to their best judgement in regards to any emergency medical treatment for my child and I hereby waive and release PVMFA from any and all liability for any injuries and illnesses that may be incurred while attending camp.

Parent/ Guardian Signature: _____

Date: _____

PD: _____

Cash/ Check#: _____

Shirt Size: _____

Please mail to PVMFA, 6046 Buena Vista Rd. Gap, PA. 17527