



# BECKMAN CATHOLIC TRAILBLAZER FOOTBALL CAMP

## **5<sup>th</sup> - 8<sup>th</sup> grade**

**July 31<sup>st</sup> - August 1<sup>st</sup>**

**9:00 a.m. - 12:00 noon**

## **High School**

**August 2<sup>nd</sup> - 9:00 a.m. - 12:00 noon**

**August 3<sup>rd</sup> - 6:00 p.m. - 9:00 p.m.**

**August 4<sup>th</sup> - 9:00 a.m. - 12:00 noon**

**COST: \$30.00 - includes t-shirt**

**Checks: Beckman Catholic High School**

**Send to: Football Camp**

**Beckman Catholic HS**

**1325 9<sup>th</sup> St. SE**

**Dyersville, IA 52040**

**ONLINE REGISTRATION ALSO AVAILABLE AT <https://beckman.revtrak.net>**

**(Select the "BCHS Sports Camps" icon)**

**\*\* Please return form OR Register Online by July 24<sup>th</sup> \*\***

**Any questions contact Jim Derr - [jderr@beckman.pvt.k12.ia.us](mailto:jderr@beckman.pvt.k12.ia.us) or call Beckman at 875-7188.**

**NAME: \_\_\_\_\_ GRADE: (17-18) \_\_\_\_\_**

**PARENT'S: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_**

**PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_**

**T-SHIRT: ADULT SIZE: \_\_\_\_\_ OR YOUTH SIZE: \_\_\_\_\_**  
(S, M, L, XL, 2XL, 3XL) (S, M, L, XL)

I certify that \_\_\_\_\_ has my permission to compete in the 2017 Football Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Football Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date