

# REGISTRATION FORM

## **Bishop Neumann Cavaliers Youth Football Camp**

**Calling all 3<sup>rd</sup> through 6<sup>th</sup> graders (2025-26 school year)! Join the Bishop Neumann High School coaches and players for a 3-day youth football camp!**

**WHEN:** Tuesday, June 3<sup>rd</sup>; Wednesday, June 4<sup>th</sup>; Thursday, June 5<sup>th</sup>

**WHAT TIME:** 9:15am – 11:45am

**WHERE:** Bishop Neumann High School Practice Football Fields (202 S Linden St, Wahoo, NE)

**COST:** \$50 – cash or check (Checks made out to “Joseph Pavlik”)

**HOW TO REGISTER:** Return the form on the next page with payment to the St. Wenceslaus elementary school main office or the St. John Nepomucene elementary school main office

**WHAT TO BRING:** T-shirt, shorts, running shoes and/or football cleats, water bottle, and sunscreen.

**REGISTRATION DEADLINE:** May 14<sup>th</sup>



# REGISTRATION FORM

1. Name of Participant: \_\_\_\_\_

2. Name of Parent/Guardian \_\_\_\_\_

3. Phone Number of Parent/Guardian: \_\_\_\_\_

4. What grade will the participant be in for the 2025-2026 school year? \_\_\_\_\_

Shirt Size of participant (Circle One):

Youth Small	Youth Medium	Youth Large
Youth XL	Adult Small	Adult Medium
Adult Large	Adult X-Large	Adult – XX-Large

## Parent/Guardians should read and sign the following statement:

I. PARENTAL CONSENT I, The parent or legal guardian of \_\_\_\_\_, a participant in the Bishop Neumann Youth Football Camp, do hereby grant permission for his/her participation in any and all camp/clinic activities. \* Initials: \_\_\_\_\_

II. RELEASE FROM LIABILITY I agree to assume all risks and hazards incidental to participation in this camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Bishop Neumann High School, its officers, directors, coaches, sponsors, volunteers, employees, participants, affiliates, and representatives, for any claim arising out of an injury to my child, whether the result of negligence or any other cause. Furthermore, I waive, release, remise, covenant not to sue, and fully discharge Bishop Neumann High School, its officers, directors, coaches, sponsors, volunteers, employees, participants, affiliates, and representatives of any, liabilities, demands, actions or rights of action, damages of any kind (Causes of Action), whatsoever, related to or arising out, or in any way connected to participation in the Bishop Neumann Youth Football Camp, including those Causes of Action allegedly from, or in any way related to, the negligent acts or omissions of Bishop Neumann High School, its officers, agents, and or employees. I certify that the participant has no known medical problems that would increase the risk of illness, injury, and/or death, as a result of participation in the Bishop Neumann Youth Football Camp or any other activity facilitated and or designed by Bishop Neumann High School. \* Initials: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT**

X \_\_\_\_\_ SIGN Parent or Legal Guardian Name

X \_\_\_\_\_ PRINT Parent or Legal Guardian Name

X \_\_\_\_\_ Date Signed