



2019 RISING RAIDERS FRIDAY NIGHT LIGHTS CAMP

*NOTE: Please return this camp form by **FRIDAY, APRIL 26**

*NOTE: Please make checks payable to **JACK CORNELL**

CAMPER NAME _____ DOB ___/___/_____

AGE _____ GRADE _____ SCHOOL _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL PHONE # _____

EMAIL _____

T-SHIRT SIZE (CIRCLE ONE) S M L XL XXL XXXL

I, the parent or guardian, states that the above camper is in good health and able to participate fully in all camp activities. I also waive the rights to hold Quincy Notre Dame and its staff responsible for any injury sustained in this football camp. Due to the recent changes in the Illinois High School Association By-Laws in regard to recruiting, parents or sons must request information and authorization from Quincy Notre Dame personnel prior to their attendance at Quincy Notre Dame. Pursuant to Illinois High School Association By-Laws, I hereby authorize verbal and/or written communication from all the Quincy Notre Dame Administration, any coach and all school personnel as defined by IHSA By-Laws 3.080.

PARENT/GUARDIAN (PRINT) _____

PARENT/GUARDIAN (SIGNATURE) _____

DATE ___/___/_____