

Touch Football League

Spring 2016

At Campbell High School



Grades 5th to 11th

All skill levels are welcome!

Saturday nights from 6:00 to 8:00 pm

Starting May 14th for 6 weeks

(no game Memorial Day weekend)

\$20.00 cost includes a T-shirt and end of session

Pizza Party...And lots of fun!

Bring water bottle, water will be provided

Shorts, t-shirt and cleats suggested attire

Mail completed authorization form & check to:

Campbell Football/Touch Football

1 Highlander Court

Litchfield, NH 03052

(Checks made out to "Campbell High School")

For more info, e-mail Greg Gush: ggush@litchfieldsd.org

This is not a Litchfield School District sponsored activity

Authorization Form

Campbell Touch Football League

Player name: _____ **Grade:** ____ **D.O.B:** _____
Address: _____ **T-shirt size:** YM YL (Circle One)
S M L XL 2XL 3XL
Offensive position: _____ **Defensive position:** _____
Parent/Guardian name(s): _____
Home Tel. Number: _____ **Cell #:** _____
Emergency contact 1: _____ **tel. #:** _____
Emergency contact 2: _____ **tel. #:** _____
Primary Doctor: _____ **tel. #:** _____
Medical issues: _____

Insurance Information: _____

(Note: All players are required to have medical insurance)

I/We, _____ the parent or guardian of _____,
hereby give permission for my/our child to participate in the Campbell Touch
Football League at Campbell High School for the year 2016. I/We understand
that injuries are a possibility during play and waive all liability of injury from
the staff and Campbell High School.

Signed: _____ **Date:** _____
_____ **Date:** _____

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made out to **Campbell High School**, to:

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