



# ATLEE HIGH SCHOOL

## 2025

### YOUTH FOOTBALL CAMP

### RISING 1<sup>ST</sup> – 8<sup>TH</sup> GRADERS



**MONDAY, JUNE 2<sup>ND</sup> – FRIDAY, JUNE 6<sup>TH</sup>**

**9:30 A.M. – 12:00 NOON**

**EACH DAY AT ATLEE HIGH SCHOOL ATHLETIC COMPLEX**

**EARLY BIRD PRICE: \$100 PER CAMPER**

**AFTER MAY 1<sup>ST</sup>: \$125 PER CAMPER**

## **FOR MORE DETAIL AND TO REGISTER ONLINE**

**[WWW.ATLEEFootballCamps.com](http://WWW.ATLEEFootballCamps.com)**

***CAMPERS WILL GET TO TAKE THE FIELD WITH THE TEAM ON A FRIDAY NIGHT!***

**MAKE CHECKS PAYABLE TO**

**ATLEE HIGH SCHOOL FOOTBALL**

**MAIL CHECK AND REGISTRATIONS TO**

**ATLEE FOOTBALL CAMPS**

**9414 ATLEE STATION RD MECHANICSVILLE, VA 23116**

NAME: \_\_\_\_\_

YEAR IN SCHOOL (2025-26) 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup> 6<sup>TH</sup> 7<sup>TH</sup> 8<sup>TH</sup> SCHOOL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

T-SHIRT SIZE (**ADULT**) XXL XL L M S (**YOUTH**) L M S

#### **MEDICAL RELEASE**

I, hereby authorize and consent to the use of my child's visual image by ATLEE FOOTBALL CAMPS for appropriate purposes, including but not limited to: still photography, video, electronic and print publications, and web sites.

I certify that the named Camper is physically fit for playing football and other related activities and has my permission to participate in the camp program. In case of emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I authorize the Atlee Football Camp Staff to perform immediate medical care, which includes but not limited to the referral of other appropriate health care professionals for injury/illness that may occur while my child is participating in camp activities. Any expense incurred from such injury is the responsibility of the person signing below. I understand that the Atlee Football Camp does not provide medical insurance and that my son / daughter is insured on a medical policy with:

\_\_\_\_\_  
Print Name of Camper

\_\_\_\_\_  
Insurance Company's Name

\_\_\_\_\_  
Policy # / Group #

Please list below any medications currently being taken or any allergies and / or medical conditions that might restrict this individual from participating in any camp activities:

\_\_\_\_\_  
Parent / Guardian Signature and Date

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_