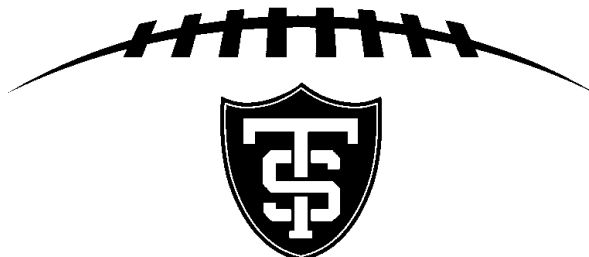


2011 Glenn Caruso - Jr. High & Youth Football Camp



What: Fundamental Football Camp (No Contact/Non-Padded)

Who: Jr. High Camp: Grades 6-8
Youth Camp: Grades 3-5

When: Session 1: Monday & Tuesday, June 13th & 14th 9AM-4PM
Session 2: Monday & Tuesday, June 20th & 21st 9AM-4PM

Where: O'Shaughnessy Stadium – University of St. Thomas
2115 Summit Ave. St. Paul, MN 55105

Includes: Football Instruction, T-Shirt & Lunch

Cost: \$95 per camper

Contact Coach Wallie Kuchinski with any questions at 651.962.5917 or kuchinski@stthomas.edu

Cut on dotted line and return form to: Wallie Kuchinski; University of St. Thomas; 2115 Summit Ave #5003, St. Paul, MN 55105

Checks can be made payable to Glenn Caruso – Football Camp

Name of Camper _____ Session 1 or 2 _____ Grade entering _____

Address _____ City _____ St _____ Zip _____

Parent's Names _____ Phone Number _____

Shirt Size (circle one) M L XL E-Mail _____

To the Football Camp: I/We hereby request that you accept the application for enrollment of _____ in the Jr. High & Youth Football Camp at University of St. Thomas during the above dates. In consideration of your acceptance of this application I/We hereby release University of St. Thomas and Glenn Caruso & staff from any fault in the case of injury during the camp. I/We agree to indemnify University of St. Thomas and its directors and employees for each claim which may hereafter be presented by my son/daughter as a result of such injuries. I/We also certify that my son/daughter is medically fit to participate in your program and grant your program permission for any medical attention if needed during camp activities. Glenn Caruso Football Camps are an affiliate of Caruso Enterprises LLC.

Parent Signature: _____ Date: _____