



# LINCOLN CHRISTIAN FOOTBALL SUMMER CAMP

**ELEMENTARY**  
**(Entering 3<sup>rd</sup> -5<sup>th</sup>)**  
**July 15<sup>th</sup>-17<sup>th</sup>**  
**10:0am-12:00pm**  
**Cost: \$45**  
**LCS Football Field**



**QUESTIONS?**  
**Kurt Earl**  
[kurt.earl@lincolnchristian.org](mailto:kurt.earl@lincolnchristian.org)

**ONLINE REGISTRATION (\$5)**  
<https://campscui.active.com/orgs/LincolnChristianSchool?orglink=camps-registration>

## LINCOLN CHRISTIAN FOOTBALL

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

GRADE ENTERING IN THE FALL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

T-SHIRT SIZE (PLEASE CIRCLE):

**YM YL S M L XL**

My signature below is acceptable for my son to participate in the Lincoln Christian Football Camp. I release the Lincoln Christian School Association and the Lincoln Christian Football Program and all the coaches of any claims, which may be presented on my part as a result of injury.

PARENT NAME(S): \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY:

1. \_\_\_\_\_

PHONE: \_\_\_\_\_

2. \_\_\_\_\_

PHONE: \_\_\_\_\_