

**MARCH
16TH - 18TH
2020**

**Missed Football?
Want to see if Football
is for you?**

**6:00 PM
-
7:30PM**

**FREE FOR
BOYS AND
GIRLS
K-5TH**



**HELD AT THE
MIDDLE
SCHOOL GYM**

**NO EQUIPMENT
NEEDED**



WWW.CONNERSVILLEFOOTBALL.COM

**REGISTRATION WILL BE OPEN FOR THE 2020 CYFL SEASON
CLINIC PARTICIPANTS WILL BE ABLE TO SIGN UP AT A REDUCED COST.
PLEASE BRING COMPLETED INFORMATION AND CONSENT FORM TO THE CLINIC.**

FOOTBALL CLINIC PARTICIPANT INFORMATION AND PARENTAL CONSENT

I hereby give permission for my child to participate in the Connersville Youth Football Spring Clinic and I have adequate insurance coverage in case of accident or injury to the participant. I release the Fayette County School Corporation, Connersville Athletic Department, and Connersville youth Football League of all liabilities.

Player Name: _____

Grade (as of March 2020): _____ Birthdate: _____

Address: _____

Parent / Guardian: _____

Phone: _____ Email: _____

Parent Signature: _____