

Boykins Youth Foundations, Inc.

2010 Boykins Summer League Youth Camps (Youth: Ages 4 – 17)

Youth Football or Cheerleading Camps

University of Houston Fields (Corner of 45 S / Cullen / Elgin)

June 13-17, 2010, Sun – Thurs, 6:00 – 8:00 p.m.

Attire: Tee-shirt, Shorts and Tennie Shoes

For more information contact:

Christopher Boykins or Evon Boykins
713.666.2295 option 2 or 832.628.4949
E-mail: summerleague2@yahoo.com
Website: www.boykinsyouth.com

Sponsors please mail donations to:

Boykins Youth Foundations, Inc.
Attn: Boykins Summer League
P.O. Box 301146
Houston, Texas 77230-1146
(Tax Exempt: 77-0649948)

Forms must be filled out completely and \$50.00 PRE-REGISTRATION FEE by June 1, 2010 paid by money order, cashier's check or cash, \$75 June 2-12, 2010 and \$100 June 13, 2010.

Personal or Business checks will be accepted by SPONSORS ONLY!!!

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BOYKINS YOUTH FOUNDATIONS, INC.

2010 Boykins Summer League Camps (Youth: Ages 4-17)

_____ (Boys) Football Camp (or) _____ (Girls) Cheerleading Camp

University of Houston Fields (Corner of 45 S / Cullen / Elgin)

June 13-17, 2010, Sun – Thurs, 6:00 – 8:00 p.m.

Attire: Tee-shirt, Shorts and Tennie Shoes

Participant Name: _____ Age: _____ Grade: _____

Address/City/State/Zip Code: _____

Parent Name: _____

Parent Email: _____

Phone: (Hm) _____ (Wk) _____ (Cell) _____

Medical Conditions: _____

WAIVER AGREEMENT: In signing this form, I hereby ***waive release*** and forever discharge any and all claims which I or my child, may have or which hereafter accrue to me against BYF, Inc., the organizers, any promoting organization, property owners, law enforcement agencies of public entities, special districts, properties, any respected agents, officials, and employees through which this event will be held from any and all injuries which may be sustained by me, my child or anyone else directly or indirectly in connection with or arising out of my child's participation in or association with the event, including travel to or return from the event. I further certify that my child is physically able to participate in this event and have no physical or medical condition which would endanger themself or others in or at this event.

Parent or Guardian's Signature: _____

Date: _____ **\$50 / \$75 / \$100** Payment Type: _____