



2026 SUMMER 7 5 8 9 H'YOUTH FOOTBALL CAMP REGISTRATION FORM

Camper's Name:

Grade Level (2026–2027):

School (2026–2027):

Parent/Guardian Name:

Address:

Zip Code:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

T-Shirt Size:

Parent/Guardian Signature:

Date:

WAIVER: I authorize camp directors to act in case of emergency requiring medical attention and release Cadet Youth Football Camp and Concordia Lutheran High School from liability for injuries or illness related to participation.

Please make checks payable to Cadet
Youth Football Camp and mail to:
Concordia Lutheran High School
Attn: Dale Doerffler/Cadet Youth Football Camp
1601 St. Joe River Drive
Fort Wayne, IN 46805

Contact Dale Doerffler with questions:
Phone: 260-348-4295 (cell)
Email: daledoerffler@gmail.com