

CHANGE THE GAME FOUNDATION

Girls Flag Football Camp Application

Camp Dates:

July 26 & 27, 2025

9:00 AM - 1:00 PM Daily

Beckman High School - Irvine, CA

Camper Information:

Full Name: _____

Date of Birth: _____

Grade (Fall 2025): _____

School Name: _____

Parent/Guardian Information:

Full Name: _____

Relationship to Camper: _____

Phone Number: _____

Email Address: _____

Emergency Contact (if different from above):

Name: _____

Relationship: _____

Phone Number: _____

Medical Information: Allergies (please list):

_____ Medical Conditions we

should be aware of: _____ Medications (if any):

Camp T-Shirt Size (Circle One):

AS AM AL AXL AXXL

Experience Level:

Has camper played flag football before? Yes ____ No ____

If yes, how many years? _____

Scholarship Request:

Would you like to apply for a scholarship? Yes ____ No ____

(If yes, please complete scholarship application separately)

Photo/Video Release:

I hereby grant Change the Game Foundation permission to use
photographs and/or video taken during the camp for promotional purposes.

Yes ____ No ____

Waiver & Release:

I, the undersigned, understand that participation in athletic activities
carries an inherent risk of injury. I hereby release and hold harmless
Change the Game Foundation, its staff, volunteers, and affiliates
from any liability resulting from participation in this event. I certify that
my child is in good health and capable of participating.

Parent/Guardian Signature: _____ Date: _____

Payment Information:

Camp Fee: \$349

IMPORTANT:

- Please email the completed application to: John@changethegamefoundation.org
- To secure your spot, please complete payment/donation at the time of submission.

Return completed application and payment to:

Change the Game Foundation

Email: John@changethegamefoundation.org

Website: www.changethegamefoundation.org