

**CYCLONE FOOTBALL CAMP**  
**REGISTRATION FORM-2024**



**DATE:** GRADES 9-12 \* August 5<sup>th</sup> – AUGUST 9<sup>th</sup> \* 8:00-11:00 AM  
GRADES 7-8 \* August 5<sup>th</sup> -- AUGUST 8<sup>th</sup> \* 12:30 -3:00 PM

**CHECK IN:** GRADES 9-12 \* August 5<sup>th</sup> – 7:30 AM \* HS GYMNASIUM  
GRADES 7-8 \* August 5<sup>th</sup> -- 12:00 PM \* HS GYMNASIUM

**COST:** \$75.00 \* Check payable to CYCLONE FOOTBALL CAMP  
**Checks Preferred**

**DEADLINE:** FRIDAY July 8<sup>th</sup> to be guaranteed a t-shirt.

**PLEASE RETURN REGISTRATION FORM BELOW TO:**

Harlan Community High School  
Attn: Todd Bladt - Cyclone Football Camp  
2102 Durant St.  
Harlan, IA 51537

**TENTATIVE PRACTICE SCHEDULE**

**FOR INCOMING FRESHMEN, JV, & VARSITY**



Aug. 12 - 16 \* 8:00 – 11:30 am

Aug. 19 - 23 \* 3:00 – 6:00 pm



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Name \_\_\_\_\_ Grade Fall 2024 \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime or Cell Ph. No. \_\_\_\_\_

School \_\_\_\_\_

I hereby request that you accept this application for enrollment in the Cyclone Football Camp during the dates set forth in this application. In consideration of your acceptance I hereby release Coach Todd Bladt, HCHS, and all of their employees from all claims on account of any injuries which may be sustained by our son while attending camp. I also certify that our son is medically fit to participate in camp.

Date \_\_\_\_\_ Signed \_\_\_\_\_ (Parent or Guardian)