Camp Registration Form

Name _____ Grade_____

School _____Position_____

Home Address_____

_____

Email_____

Home Phone _____

Emergency Contact and Phone #_____

Tee Shirt Size: S M L XL 2XL 3XL 4XL

I, _____Parent/Guardian of:_____ agree that the Gameday Football Camp can not assume responsibility for medical, dental, or other health expenses incurred as a result of my child's participation at camp

Parent/Guardian Signature:_____

Date:_____

I am aware that with the participation in this camp comes the risk of injury to my child. I understand that the degree of danger and the seriousness of the risk involved with participation in sports. Proof of family medical insurance is necessary for participation in camp.

_____*Name of Insurance Company*

_____*Policy Number*

_____*Name of Insured*