

Community Day Football Camp Registration

Personal Information: To be completed by the camper's parent/guardian.

Camper's Name: _____

Current School: _____

Age: ____ Grade level: ____ School: _____

Shirt Size: _____

If you have played sports before: LEAGUE: _____ TEAM: _____

Parent Name: _____ Phone: () _____

Parent Email : _____

Who is the emergency contact? (circle one) MOTHER FATHER BOTH or OTHER

Name: _____ Phone: () _____

What is the desired position if camper plays football? (RB, LB, OL, DL, QB, DB, WR, etc) ____

Medical Insurance Information:

I DO NOT have medical insurance that covers my son and I agree to be fully liable for any and all medical cost incurred for treatment.

I DO have medical insurance for my son and I agree to be responsible for all costs that my medical insurance does not cover.

Parent/Legal Guardian Signature _____ Date _____