

MID-ALASKA FOOTBALL CAMP REGISTRATION FORM

Name _____ Telephone Number _____

Email _____

Address _____

City _____ State ____ Zip Code _____

School _____ Emergency Phone Number _____

DOB _____ Grade Fall 2011 _____ Ht/Wt _____

Football Position (Offense) _____ (Defense) _____

Guardian's Name _____

T-Shirt Size S M L XL XXL

Must Read, Sign and Date

My son has my permission to attend the Mid-Alaska Football Camp. I hereby authorize the staff of the camp to act for according to their judgment in any emergency medical situation. I hereby waive, release, exonerate discharge the camp, its employees and volunteers from any or all causes of action known or unknown, from any injuries or illnesses incurred at camp or on the way to or from camp. Costs for treatment of injuries and hospitalization for illness or injuries incurred during the camp will be the responsibility of the parent or guardian of the child. Any insurance carried by the parent or guardian may be used to defray such medical and hospital costs. I certify that my child has no injury or illness which would limit his camp participation.

Parent/Guardian Signature _____ Date _____

Athletes Need:

Copy of current sports physical dated after June 12, 2010 and a current copy of medical insurance card.

Medical insurance company _____ Policy Number _____