

## REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

School \_\_\_\_\_ Coach \_\_\_\_\_

Grade in September \_\_\_\_\_ Age \_\_\_\_\_

Football Position \_\_\_\_\_

Restrictions on Participation \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Attending Camp at \_\_\_\_\_

*My son has permission to attend the Championship Defense Football Camp. I will be responsible for any medical or other charges in connection with his attendance at camp. I give my consent to the camp staff to authorize any medical treatment that may be needed for my child.*

Parent's Signature

\_\_\_\_\_

Parent's Name (printed)

\_\_\_\_\_

Insurance co. Name \_\_\_\_\_

Policy# \_\_\_\_\_

### **TURN IN TO YOUR COACH**

#### **OR SEND APPLICATION TO:**

\*Please put player's full name and school in memo of check.

WESTERN SPORTS CAMPS

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