

# Tri-Cities Summer Football Camp

June 16-20, 2008

*Team Camp Registration and payment must be turned in to your high school coach. All Team Camp registrations will be turned in as a group by the head Coach.*

Make checks or money orders payable to  
Kamiakin Boosters  
Total Enclosed \$150.00

Name :( last) \_\_\_\_\_  
(First) \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_  
Night Phone \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Parent's Names: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_  
Grade in Fall \_\_\_\_\_  
High School: \_\_\_\_\_  
High School Coach: \_\_\_\_\_  
T-Shirt Size (circle one) S M L XL XXL 3X  
4X  
Position-Offense: \_\_\_\_\_  
Defense: \_\_\_\_\_

***Front and Back copy of insurance card is required to participate in camp activities. Please include with registration.***

## Medical Release

I verify that: \_\_\_\_\_  
Camp Participant

Has Medical Insurance with:  
\_\_\_\_\_  
Policy Number

And has Dental Insurance with:  
\_\_\_\_\_  
Policy Number

Which effectively covers any medical or dental cost incurred as a result of participation in the Tri-Cities Football Camp. Further, I authorize the medical staff at the Tri-Cities Football Camp to seek any necessary emergency medical or dental treatment my child may need during the course of camp.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Current Medications

\_\_\_\_\_  
Current Allergies

## Acknowledgement of Risk

As the parent/guardian of:  
\_\_\_\_\_  
Camp Participant

I acknowledge the potential risk of injury related to participating in football and the physical activities associated with participation in the Tri-Cities Football Camp. I knowingly and voluntarily on behalf of the camp participant accept the risk of all such injuries that could occur due to participation in the camp.

\_\_\_\_\_  
Parent Guardian Signature