

## FOOTBALL CAMP APPLICATION

Today's Date: \_\_\_\_\_

Athletes Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No.(H) \_\_\_\_\_ Phone No.(W) \_\_\_\_\_

Emergency Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Year In School Next Fall \_\_\_\_\_ Height \_\_\_\_\_ T-Shirt Adult XL L M S

T-Shirt Youth XL L M S

My child has permission to attend the Guts & Glory Football Camp. I certify that within the past year he has had a physical examination and that now he is physically able to participate in football camp activities without restriction. In event of an illness or injury, I give consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in camp.

I acknowledge that at the Guts & Glory Football Camp my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and at the Guts & Glory Football Camp he may incur a risk of injury. I specifically waive and give up and release the Guts & Glory Football Camp and staff from liability for any claim for damages which I or my child may have for injuries or illness that he may sustain at camp.

Please List Any Medical Conditions or Allergies our staff should be aware of:

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\*I understand that any pictures taken by Guts & Glory Football Camp may be used for promotional purposes.

Parent's Signature \_\_\_\_\_

\*Please make checks payable to: **Guts & Glory Football**

Mail to:

**Joe Mattessich, Head Football Coach**

113 Crystal Avenue

Hawly, PA 18428

570-352-4887 (cell)