

PLEASE MAIL COMPLETED APPLICATION AND PAYMENT TO:

Sparta Football Camp

P.O. Box 717

SPARTA, NJ 07871

Camper Registration

Camper's Name _____

Address: _____

Home Phone _____

Parent Cell Phone _____

Grade: (Fall '11) _____

Parent's Email: _____

Circle T-Shirt Size: YS YM YL S M L XL XXL

Doctor's Name: _____

Doctor's Phone Number: () _____

Emergency Contact: _____

Contact Phone Number: () _____

Has the camper ever been treated for any allergies, such as bee stings, which may prevent him/her from being physically able to perform at this camp? Yes No (circle)

If yes, please explain: _____

Is the camper taking any medication? Yes No (circle)

If yes, please list dosage.

Waiver and Release

We the below signed hereby give our consent and approval to the participation of the applicant in the program conducted by the Sparta Football Camp and certify that he/she is physically fit to take part in all activities. Further, we do hereby waive, release and forever discharge said organization, its staff, officers, agents, representatives, employees and their successors and agents from any and all claims for damages concerning or ensuing from an accident, injury to person or loss of personal property occurring during this stated camp, his/her participation in activities or arising from his/her traveling to or from camp. WE ALSO AUTHORIZE THE DIRECTOR OF THE SPARTA FOOTBALL CAMP TO ACT FOR US ACCORDING TO HIS BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature Date

Visit our website: www.spartafootballcamp.com