

# CAMPBELLSVILLE UNIVERSITY FOOTBALL



## JUNIOR-SENIOR DEVELOPMENT DAY

**DATE:** SATURDAY, JUNE 12

**TIME:** 12:30-5:30

**Pre-register Cost:** \$30 (Includes last name on shirt.) \*Post dated by June 8<sup>th</sup> **Walk ups:** \$40

**SITE:** CAMPBELLSVILLE UNIVERSITY HAWKINS ATHLETIC COMPLEX

**ELIGIBILITY:** FOR STUDENT-ATHLETES ENTERING YOUR JUNIOR OR SENIOR YEAR IN HIGH SCHOOL.

**GEAR:** Running shoes, Cleats, Helmet, Shoulder Pads and Mouthpiece

**DOCUMENTATION TO BRING:** UPDATED PHYSICAL FORM, COMPLETED FORM BELOW, ATTACH COPIES OF MEDICAL INSURANCE

### Registration Form

Please complete the registration and medical information below. You may duplicate this form as needed. Mail this form along with your payment to:

**Campbellsville University Football— 1 University Drive UPO 795—Campbellsville, KY 42718**

*For more information call: 270-789-5517*

**PLEASE PRINT**

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (CIRCLE ONE) JR or SR  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
ZIP: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
High School: \_\_\_\_\_ Position (s): \_\_\_\_\_ Jersey # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
T-shirt size (Circle one) S M L XL XXL XXXL

***Make checks payable to: Campbellsville University Football Development Day***

### Medical Release Information

Emergency numbers:

Father's Name / Guardian: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's Name / Guardian: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize any medical treatment and transportation deemed necessary to receive that treatment which may be advised or recommended by an attending physician for \_\_\_\_\_ (*name of camper*) while at the Campbellsville University Football Camp. I also authorize the said camper to participate in the activities of the camp, to include the specific sport activities and recreational activities conducted at the camp. I understand that the camper will engage in physical activities during the program, which contain an inherent risk of physical injury, and I assume the risk, and release Campbellsville University Football Camp, and any agents of CU Football Camp from any and all liability for personal injury arising out of the camper's participation in the camp program. I also understand that the camper is responsible for all personal belongings and equipment. Campbellsville University Football Camp will not replace or reimburse lost or stolen items.

Signed: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

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