

Campbellsville University Presents: 2010 Junior Tiger Football Camp

When: Friday, June 11th, 5:00 - 8:00 pm & Saturday June 12th, 9:00 am - 12:00 (2 day camp)

Where: Campbellsville University Football Field

Who: All kids grade 1st through 6th

Camp participants will be taught the fundamentals of every football position with the ability to specialize in the position of their choice. Players will also participate in individual competitions and team activities.

All activities will be performed in a Christian environment and your child will be encouraged to achieve at their highest level, while being taught by the Campbellsville University Coaches and players.

*****Late Registration and Check in for Pre-Registered Campers 3:45 - 4:45 Friday June 11th. *****

Registration Form

Please complete the registration and medical information below. You may duplicate this form as needed. Mail this form along with your deposit to:
Campbellsville University Tiger Football Camp— 1 University Drive UPO 795—Campbellsville KY 42718

Name: _____ DOB _____ / _____ / _____ Grade: _____ Sex: female male
Address: _____ City: _____ State: _____
ZIP: _____ Home phone: _____ Email: _____
Team Name / HS): _____ Circle one: Position (s) : _____
T-shirt size (Circle one) Child: S M L XL Adult: S M L XL XXL XXXL

\$40 per player, \$5 discount for siblings – Late Registration \$50

Payment due by May 31

Make checks payable to: Campbellsville University Tiger Football Camp

Medical Release Information

Camper WILL NOT be allowed to participate in the camp until this form is complete.

Name of camper: _____ Date: _____ Date of Last Immunization: _____

Allergies to medicine? If yes, list _____

Any conditions that physicians should be made aware of: _____

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 campers 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 #: _____

For more information call: 270-789-5225