



2008 Summer Camps

FOOTBALL CAMP REGISTRATION FORM

(One registration form per camper!)

Camper Name: _____ Grade: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail: _____
 Work Phone Mom: _____ Work Phone Dad: _____
 Cell Phone Mom: _____ Cell Phone Dad: _____
 Emergency Contact Name: _____ Phone: _____
 T-Shirt Size: YM _____ YL _____ S _____ M _____ L _____ XL _____

SPORTSPLEX FOOTBALL CAMPS ATTENDING

- _____ FUNDAMENTALS CAMP June 16-18: 9am-Noon Grades 2nd - 4th
- _____ FUNDAMENTALS CAMP July 7-9: 9am-Noon Grades 2nd - 4th
- _____ FUNDAMENTALS CAMP June 16-19: 1pm-4pm Grades 5th - 8th
- _____ FUNDAMENTALS CAMP July 7-10: 1pm-4pm Grades 5th - 8th
- _____ QB CLINIC June 16-18: 8am-9am Grades 2nd - 4th
- _____ QB CLINIC July 7-9: Noon-1pm Grades 2nd - 4th

CAMP FEES:

- Fundamentals Camp Grades 2nd - 4th **\$100 per 3 day camp**
- Fundamentals Camp Grades 5th - 8th **\$125 per 4 day camp**
- QB Clinic **\$50 per 3 day clinic**

Payment is due with registration form and is non-refundable.

Cash, checks, or credit cards accepted. Make check payable to: Sportsplex

Player Permission to Participate/Consent for Medical Treatment

I the parent/guardian of the child named on this registration agree that my child and I will abide by all rules of the Sportsplex Camp for which my child is enrolled in, and to its counselor/coach in charge. I recognize the possibility of physical injury associated with the Sportsplex Camp, and hereby release, discharge and otherwise indemnify the Sportsplex at Valley View, it's employees and associated personnel.

Parent Signature: _____ Date: _____

For office use only:

Date received: _____
 Type of payment:
 Cash _____
 Check _____ # _____
 CC _____ # _____