



**Gallaudet University's Skill Development Camp  
at Gallaudet University  
July 28th- July 30th  
Cost: \$275**



**Registration Form**

**Camper's Name**

**Parent's Name**

**Address**

**Home Phone**

**Cell Phone**

**Emergency Phone**

**High School**

**Year of high school graduation**

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**MEDICAL RELEASE: PLEASE COMPLETE ALL INFORMATION**

My child has permission to attend the 2016 Gallaudet University Skill Development Football Camp. I understand that injury or illness to my child could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bill incurred by my child at the local hospital or clinic. I further acknowledge that the 2016 GALLAUDET UNIVERSITY SKILL FOOTBALL CAMP, its owners, coaches, Gallaudet University and anyone associated with the camp will not be liable for any damage from injuries sustained at the camp.

**Parent's Signature**

**Insurance company**

**Policy Number**

**Please list any restrictions/medical problems:**

**For office use only**  
Amt pd \_\_\_\_\_  
Check # \_\_\_\_\_  
Date Recd \_\_\_\_\_

*Please Make Checks payable to Black Paw Athletics*