



**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