

Hoos Rising
Football Camp

REGISTRATION FORM
(PLEASE PRINT)

- Registration Form
- Medical Consent/Release
- Waiver
- Copy of Insurance Card (front and back)
- Payment: Cash__ Money Order # _____
Amount _____

Check Camp Attending:

- June 2 – Hoos One Day Camp
- June 9 – Hoos One Day Camp
- June 16 – Hoos One Day Camp
- June 19 – Hoos One Day Camp
- June 21 – Hoos Rising Specialist Camp
- June 23 – Hoos One Day Camp
- June 24 – Hoos Shoot 7 on 7 Camp
- June 24 – Hoos Tough OL/DL Camp

Camper First Name _____ Camper Last Name _____

Date of Birth _____ Age at Camp _____ Grade in Fall 2017 _____ Graduation Year _____

Height _____ Weight _____ Position _____

High School Name _____

High School City _____ High School State _____

Home Address _____

City _____ State _____ Zip Code _____

Primary Email Address _____

(All event communication will be sent to this email account)

Parent/Guardian Name _____ Home Phone _____

Primary Emergency Contact:

Name _____ Relationship _____ Phone Number _____

Secondary Emergency Contact:

Name _____ Relationship _____ Phone Number _____

Method of Payment:

- Cash
- Money Order # _____
- Credit Card (available online only)

Payer's relationship to Camper: _____

***Please include a copy (front and back) of your health insurance card as well as the consent and release forms signed by a parent or guardian with this registration.**

A health insurance card is required to participate in all camps.