



green football
development



SUMMER CAMP 2008

PLAYER REGISTRATION FORM

PLAYER INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: M / F (circle one)

Street Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian: _____ Email Address: _____

Phone: _____

Grade: _____ Position played: _____ Years played: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Emergency Contact Phone: _____

INSURANCE INFORMATION

A copy of your insurance card is required. Please attach or include with this form.

Insurance Company: _____

Phone: _____

Policy Number: _____

Group Number: _____

EXISTING MEDICAL CONDITIONS & ALLERGIES

Please list all existing medical conditions & allergies below.

1.) _____

2.) _____

3.) _____

T-SHIRT SIZE

YS YM YL S M L XL

CAMP SELECTION

Summer Camp (ages: 8-18), June 16th – 21st, \$250

Piccolini Camp (ages: 4-7), June 16th – 20th, \$125

HOW DID YOU HEAR OF US?

GFD U.S.A. website: _____

Friend: _____

Newspaper: _____

TV: _____

Other: _____

DISCOUNT POSSIBILITIES

Multiple Player discount - \$10 discount

List each additional family member (immediately family only)

1.) _____

2.) _____

3.) _____

Team discount – \$15 discount (min. six players- ages: 8-18)

Team Name: _____

1.) _____ 2.) _____

3.) _____ 4.) _____

5.) _____ 6.) _____

Note: Please include a personal check or money order with each player's registration form in the amount listed above for your desired camp and mail to: **Attn: Camp Administrator, 341 Westminster, Glen Carbon, IL 62034.**

Registration Deadline: May 30th, 2008

OFFICE USE ONLY

Bank: _____

Check#: _____ Date Rec'd: ____/____/____

Name on Check: _____

Amount Paid: _____



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TRAINING AGREEMENT & LIABILITY WAIVER

I, _____, here by acknowledge that I have been advised of the risks involved in my son's/daughter's participation in Green Football Development U.S.A.'s Summer Camp or Piccolini Camp and have been made aware that his/her participation may result in injury or harm to my son/daughter and I assume responsibility for any and all such risk to my son/daughter. In the event that my son/daughter may sustain an injury as a result of their participation, I hereby agree to hold harmless Green Football Development U.S.A., it's directors, officers, coaches, athletic trainers, supervisors, and any other employees or agents there of including those who transport them to/from tryouts, practices, and games, for any and all such injuries. I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of my son/daughter to a medical treatment facility should an individual listed previously deem warranted. I affirmatively certify that to the best of my knowledge, my son/daughter is in good mental and physical health and capable of participating in this activity. I have read and fully understand the contents of this "hold harmless" agreement and execute same voluntary. If requested by Green Football Development U.S.A. staff, I agree to modify his/her activities as directed. I further give my permission for the free use of the participants name and image in broadcast, telecast, or any other media account of any and all event/activities and for the promotional purposes of Green Football Development U.S.A.

Parent/Guardian Signature:

Date:

*Must be signed prior to participation
