

2010 CHADRON STATE TEAM FOOTBALL CAMP PERSONAL INFORMATION SHEET

Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Street _____

City _____ State _____ Zip Code _____

High School _____

Grade Entering in 2010 _____ Shirt Size S M L XL XXL

Birth date ____/____/____ Height _____ Weight _____

Position(s) _____

Father's Name _____
Work Phone (_____) _____

Mother's Name _____
Work Phone (_____) _____

Emergency Contact _____
Phone Number (_____) _____

Insurance Company _____
Phone Number(_____) _____

Policy Number _____

**PLEASE READ AND SIGN THE
RELEASE ON THIS FORM AND
RETURN IT WITH YOUR
PERSONAL INFORMATION
SHEET TO:**

**CSC FOOTBALL CAMP
Chadron State College
Chadron, NE 69337**

(Please Check all that apply)

PAYMENT: \$50 Deposit Full

CAMP: Session One Session Two Session Three Session Four

Overnight: \$180

Commuter: \$140

TOTAL ENCLOSED \$ _____

(Please Make checks payable to *Eagle Football Camp*)

PARENT'S RELEASE AND INDEMNITY AGREEMENT FOR 2010 EAGLES FOOTBALL CAMP

We (I) hereby request that you accept the application for enrollment of (name) in the **2010 Eagles Football Camp** during the dates set forth in this application, and in consideration of your acceptance of the application, we (I) hereby release the Board of Trustees of the Nebraska State Colleges, Eagles Football Camp and its employees from all claims because of any injuries which may be sustained by our (my) son while he is attending the **2010 Eagles Football Camp**. We (I) agree to indemnify the Board of Trustees of the Nebraska State Colleges, Eagles Football Camp, and its employees for any claim which may hereafter be present by our (my) son as a result of any such injuries.

Furthermore, I certify that within the past year, my son has had a physical examination and that he is physically able to participate in football activities. In the event of illness or injury, we (I) hereby give consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment and order injections, anesthesia or surgery.

PLEASE SIGN BELOW:

Participant _____

Parent _____

Parent _____

(Whenever possible, both parents must sign the release.)

Date _____