

2010 JERRY FRANKS QUARTERBACK & RECEIVER CAMP
Linganore High School at Oakdale-- May 16, 2010
APPLICATION FORM

Position: (Circle One)	QB	RB	WR	TE		
Name: _____						
Address: _____						
City: _____			State: _____		Zip: _____	
Home Phone: (____) ____ - ____			Cell Phone: (____) ____ - ____			
Ht: _____		Wt: _____		Email Address: _____		
Grade (Fall 10): _____		Age: _____		DOB: ____/____/____		
Current School You Attend: _____						
School you are to attend in the fall of 2010 (if different): _____						
Football Team that you were a member of in 2009: _____						
Coach's Name: _____						
Parent/Guardian Name: _____						
Parents Work Phone: (____) ____ - ____						
T-Shirt Size: (Circle One) S M L XL XXL						
Pre registration \$85 per camper. Walk up registration \$95 Group Discount: QB & 2 (WR, RB or TE) from same school \$195						
Applications must be sent together for Group Discount . No group rates on day of camp.						
Mail Application Forms and Payment to: JERRY FRANKS QUARTERBACK – RECEIVER CAMP 12041 Palisades Drive Dunkirk, Maryland 20754 email: coachjfranks@comcast.net						

Applications will be accepted in the order received and must be accompanied by full payment. **Make checks payable to Jerry Franks Football Camps.**
Checks returned NSF will be assessed a \$25 fee. Cash Only at registration on day of camp.

Enrollment is Limited

Camps have been filled in past years. Please mail early to guarantee a spot.

Cancellation/Refund Policy

Full refund received if notified two or more weeks prior to the camp start. No refunds after this time.

JERRY FRANKS FOOTBALL CAMPS Release Form:

My son, _____ has permission to attend the Jerry Franks Football Camp.

I am aware that my son must have current and active medical insurance before he can attend. My son is free from any medical or emotional problems that may affect his ability to safely participate in your camps activities. In the event of any injury or illness which my son requires medical care, I authorize the camp staff to act for me and to obtain/or administer any medical care or treatment deemed necessary and appropriate.

Health Insurance Company: _____

Policy Number: _____

Emergency Contact Name: _____

Emergency Number: _____

I hereby waive and release Jerry Franks Football Camps, its owners, staff and sponsors, from any and all liability for any injury incurred while at the camp.

I authorize Jerry Franks Football Camps to use any photographs or articles about my son for publicity purposes.

Parent/Guardian Signature: _____

Participant Signature: _____

Date: _____

No Player will be accepted without Parent/Guardian approval.