

**2010 JERRY FRANKS YOUTH QUARTERBACK CAMP**  
**Huntingtown High School -- June 13, 2010**  
**APPLICATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Email Address: \_\_\_\_\_

Grade (Fall 10): \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School You Attend:

\_\_\_\_\_  
School you **will** 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) YOUTH S M L

ADULT S M L XL XXL

Registration \$100 per camper. Only 16 spots available.

**Mail Application Form and Payment to:**  
**JERRY FRANKS YOUTH QUARTERBACK CAMP**  
12041 Palisades Drive Dunkirk, Maryland 20754  
email: [coachjfranks@comcast.net](mailto:coachjfranks@comcast.net)

Applications will be accepted in the order received and must be accompanied by full payment.

**Make checks payable to Jerry Franks Contact Camp.**

**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:**

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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.**