

2010 JERRY FRANKS YOUTH FOOTBALL SKILLS CAMP
Huntingtown High School, June 28, 2010 – July 1, 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

Pre registration \$85 per camper. Walk up registration \$95 (if space available).

Mail Application Form and Payment to:
JERRY FRANKS YOUTH FOOTBALL 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 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:

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.