

THE JOE GILLIAM WORLD CLASS FOOTBALL CAMP 2018 REGISTRATION FORM



Monday, June 4th through Friday, June 8th

TSU Football Indoor Practice Field "Tigers Den"

9:30 AM to 3:00 PM

Students First Name _____ Students Last Name _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____ HEIGHT: _____ WEIGHT: _____

SCHOOL: _____

PARENT(S) CONTACT INFO: _____

First name Last name
ADDRESS: _____

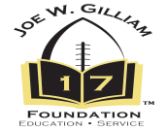
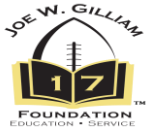
CITY: _____ STATE: _____ ZIP: _____

PARENT(S) HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT PHONE: _____ E-MAIL: _____

1) Are there any injuries requiring medical attention? Yes No
2) Is the participant currently taking any medications? Yes No
3) Does the participant have/had seizures Yes No
4) Does the participant have asthma or require use of an inhaler? Yes No
5) Does the participant have any other physical limitations or medical conditions? Yes No
6) Is the participant currently under restraint by a physician? Yes No

List any/all physical condition of which camp officials or physicians should be aware of:
_____.



Release of Liability and Authorization for Medical Treatment Registration will not be complete until this form is completed.

I, the undersigned parent (or legal guardian) of a minor child under 18 years of age, consent to my child participating in the Joe Gilliam Football Camp which contains an inherent risk of physical injury. I represent that my child is able to participate fully in the camp activities except as may be described above. I, for myself and my child assume the risk and release and hold harmless Joe Gilliam Football Camp, its agents, and employees, including specifically all persons employed or hired by them to conduct the Camp, from any and all liability for personal injury or property damage arising out of my child’s participation in the Camp. I hereby grant permission for my child to attend the Camp and to be treated by a licensed physician or member of the athletic training staff in the event of any injury, illness, or other mishap, or to be transported to a medical facility for treatment. In such event, I agree to be responsible for any costs associated with such treatment.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____

Offense: QB__ RB__ OL__ WR__ TE_____
Defense: LB__ DB__ DL__ DE__ PUNTER____ KICKER_____

Household Income \$ _____

Circle Yes or No : Are you on any Federal Assistance According to Federal Income Guidelines? Yes No

REGISTRATION FEE: \$75 inclusive. Make check payable to: Joe Gilliam Football Camp.

Contact: 615-397-4941 for more info