

THE EDGE FOOTBALL CAMP at SALISBURY UNIVERSITY

Session 2

Dates: Friday, July 27 – Sunday, July 29, 2012

Camp Check-in 11:00 AM – 1:00 PM / Camp Check-out 3:00 PM – 5:00 PM

Camp Tuition: \$250.00

Make Checks Payable to: **The Edge Football Camp, LLC**

Deposit of \$150.00 should accompany registration form and must be received by Friday, July 6, 2012.

Mail completed registration and check to: (No refunds after July 6, 2012)

Coach Robb Disbennett

Salisbury University

East Campus Complex

1101 Camden Ave.

Salisbury, MD 21801

REGISTRATION FORM

Camper's Name _____

Parent's Name _____

Address _____

Home Phone _____

Cell Phone _____

Emergency Phone _____

High School _____

Year of high school graduation _____

Height _____ Weight _____

Select **both** offensive & deensive position

Offense (circle) OL RB WR QB TE

Defense (circle) DT DE ILB OLB DB

T-SHIRT SIZE: L XL 2XL 3XL

(Please circle size needed)

MEDICAL RELEASE: PLEASE COMPLETE ALL INFORMATION

My child has permission to attend the *2012 Edge Football Camp*. I understand that injury or illness to my child could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bill incurred by my child at the local hospital or clinic. I further acknowledge that the *2012 Edge FOOTBALL CAMP*, LLC its owners, coaches, Salisbury University and anyone associated with the camp will not be liable for any damage from injuries sustained at the camp.

Parent's Signature _____

Insurance company _____

Policy Number _____

Please list any restrictions/medical problems: _____

For office use only

Amt pd _____

Ck# _____

Date Recd _____