

# THE EDGE FOOTBALL CAMP at SALISBURY UNIVERSITY

## Session 1

**Dates: Friday, July 13 – Sunday, July 15, 2018**

**Camp Check-in Friday, 11:00 AM – 12:30 PM / Camp Check-out Sunday, 11:30 AM**

**Camp Tuition: \$255.00**

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

(No refunds after July 1, 2018)

Mail Registration Form and Payment to:

**Coach Robb Disbennett**

**Salisbury University**

**East Campus Complex**

**1101 Camden Ave.**

**Salisbury, MD 21801**

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## REGISTRATION FORM

Camper's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

House # / Street \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Parent Cell 1 \_\_\_\_\_

Parent Cell 2 \_\_\_\_\_

Parents Email \_\_\_\_\_

High School \_\_\_\_\_

Year of high school graduation \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Select **both** offensive & defensive position

**Offense (circle) OL RB WR QB TE**

**Defense (circle) DT DE ILB OLB DB**

**T-SHIRT SIZE: M L XL 2XL 3XL**

(Please circle size needed)

### **MEDICAL RELEASE: PLEASE COMPLETE ALL INFORMATION**

My child has permission to attend the *2018 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 *2018 Edge TEAM 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: \_\_\_\_\_

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### **For office use only**

Amt pd \_\_\_\_\_

Ck# \_\_\_\_\_

Date Recd \_\_\_\_\_