

WILDCAT FOOTBALL

2020 DAVIDSON ELITE PROSPECT FOOTBALL CAMP

CAMP REGISTRATION AND MEDICAL FORM

2020 Davidson Summer Football Camps

HELD AT DAVIDSON COLLEGE, 200 BAKER DRIVE, DAVIDSON, NC

Camper Name _____ HS Grad Year _____ GPA _____ SAT/ACT _____

High School _____ Position OFF _____ DEF _____

Home Address _____ Facebook _____ Twitter _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Your Email _____ Parent Email _____

Insurance Company _____ Policy Number _____

Policy Holder's Name _____ Relationship to you _____

Your insurance will be the primary source for coverage if your son is injured.

Emergency Contact: _____ Phone #: _____

Any known Allergies, Illnesses, or Injuries _____

This will certify that I am the legal guardian for _____ and that he has had an adequate medical examination within a one year period and is physically able to participate in the activities of the Coach Abell Football Camp. Applying for acceptance, I waive and release all rights and claims for any and all damages against the Coach Abell Football Camp and its representatives. I hereby release and exonerate the camp and its employees from any injuries incurred in camp or on the way to and from camp. I give permission for camp medical personnel to treat my son during camp.

Parent/Guardian Signature _____ Date: _____

I/We, the undersigned, hereby acknowledge and understand that the Coach Abell Football Camp is a privately run camp and is not operated by or through Davidson College. The camp is neither sponsored, controlled, nor supervised by Davidson College but rather is under the sole sponsorship and supervision of the camp Director, Scott Abell.

Parent/Guardian Signature _____ Date: _____

Athlete Signature _____ Date: _____