

# WILDCAT FOOTBALL

## 2023 DAVIDSON ELITE PROSPECT FOOTBALL CAMP

### CAMP REGISTRATION AND MEDICAL FORM

#### 2023 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: \_\_\_\_\_