CHAMPIONSHIPP Team Camp

2017 Registration Form

_____ _____ _____
Last Name First Name Middle Name

_____ _____ _____ _____
Street Address City State Zip Code

(_____)_____ _____ (_____)_____
Home Phone Emergency Contact Name Emergency Contact Phone

Downingtown West HS _____ _____
School Name Offensive Position Defensive Position

Enclosed is a check for $298
PAYABLE TO: CHAMPIONSHIPP Team Camp
RETURN FORM TO COACH MILANO by June 17, 2017

Emergency Release Form (Completed by a parent or Guardian)

_____ _____ _____ _____
Player's SS # Last Name First Name Middle Name

(_____)_____ (____)_____
Mother's Daytime Phone # Father's Daytime Phone #

In the event that I am unavailable for the purpose of providing parental consent, I hereby authorize the physician(s) and staff at the local hospital to provide such care that routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. I understand the consent and authorization herein granted do not include major surgical procedures and are only valid during camp.

Physical conditions that the physician should be aware of: (i.e. Allergies etc.) _____

Date of most recent tetanus shot _____ (If more than 10 yrs. ago, a booster is recommended.)

If I am not available, contact _____ Phone # (_____)_____

My family physician is _____ Phone # (_____)_____

Name of insurance company _____

Policy # _____ Group # _____

Father or Mother's name that the insurance is under _____
Insured Birth Date _____/_____/_____

_____ _____ _____/_____/_____
Parent/Guardian's Name (Please Print) Signature Date

This camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. Parents will be billed directly for any medical care given.