

## CAMP APPLICATION

*Please detach and return by June 2nd*

### STUDENT INFORMATION

Name: \_\_\_\_\_

School: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_ Grade Entering in Fall '15: \_\_\_\_

Youth Size: S M L

Adult Size: S M L XL XXL

(Circle One)

Ht: \_\_\_\_ Wt: \_\_\_\_

Off Pos: \_\_\_\_ Def Pos: \_\_\_\_

Pick both offensive and defensive positions

### PARENT/GUARDIAN INFORMATION EMERGENCY CONTACT

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### PARENT/GUARDIAN RELEASE

I/We hereby request that you accept this application for the 2015 Siegel High School Junior Star Football Camp during the dates set fourth in the application. I/We hereby release Siegel High School and all of its employees from all claims on account of any injury which may be sustained by my/our son while attending the 2015 Junior Star Football Camp and agree to indemnify Siegel High School and its employees from all claims hereafter be presented by my/our son as a result of any such injuries.

I/We give permission for Siegel High School medical personnel to administer first aid and adequate medical care in the event of an injury or illness.

Parent/Guardian Signature: \_\_\_\_\_

### INSURANCE INFORMATION

Participant's Insurance Provider: \_\_\_\_\_

Subscriber's ID

Number: \_\_\_\_\_

### MEDICAL HISTORY (Circle One)

Asthma: Y N Heart Problems: Y N

List any medical condition and/or medications that your son is currently taking and our staff should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

I/We certify that my/our son has received a physical within the past 12 months of the camp dates and has been cleared by a medical doctor for athletic participation.

Parent/Guardian Signature: \_\_\_\_\_



# Junior Star Camp

**June 2-4, 2015**  
**Siegel High Football Facility**  
**3800 Siegel Road**  
**Murfreesboro, Tn. 37129**