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# MYLES BRINSON/J R ADAMS

## 10<sup>th</sup> ANNIVERSARY FOOTBALL CAMP

### (July 11-15, 2011)

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*All Information Must Be Filled Out Completely & Clearly  
In Order For Your Child To Participate!*

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ INSURANCE PROVIDER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

ANY MEDICAL CONDITIONS? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

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**Medical Release in case of Emergency:** I hereby grant full authorization to officials of the Football Camp to seek appropriate medical treatment for my child in the event of a medical emergency.

**Liability Release/Authorization to Participate:** The above child has my permission to participate in all the Football Camp activities. I waive, release and absolve, indemnify and agree to hold harmless the Football Camp and the organizers for any claim arising out of injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost: \$75.00 per participant (boys and girls ages 5-14)**

**Shirt Size: YS, YM, YL, AS, AM, AL, AXL, A2XL (please circle one size only)**

**Sweatshirt: BY SPECIAL ORDER ONLY! Cost: \$30.00**

*For more information on the camp, please checkout our website at  
[www.mylesandjrfootballcamp.com](http://www.mylesandjrfootballcamp.com) or on Facebook  
<http://www.facebook.com/pages/Myles-BrinsonJR-Adams-Football-Camp>  
**Please mail your camp application along with a check made payable to:**  
**MBFC**  
777 1<sup>st</sup> Street, PMB152 • Gilroy, CA 95020*