

CHAMPION FOOTBALL CAMP @ MATER DEI PREP

FOR RISING 5TH-8TH GRADERS

SATURDAY JUNE 24TH, 2017. 9AM-4PM

19 CHERRY TREE FARM RD. MIDDLETOWN, N.J. 07748

DROP-OFF WILL BE AT THE FRONT ENTRANCE OF THE SCHOOL FROM 8:30-9AM

FOR FURTHER QUESTIONS CALL 718.619.5061 or visit ChampionFootballCamp.com



FEATURING

NEW ENGLAND PATRIOTS

LINEBACKERS COACH:

BRIAN FLORES

NEW YORK GIANTS

DEFENSIVE LINE COACH:

PAT GRAHAM

ALONG WITH DIVISION 1 COLLEGE COACHES!



Morning practice session will be filmed

Afternoon film review with NFL coaches

CAMPERS REGISTRATION & CONSENT FORM: All campers must mail or bring this form in with their most recent sports physical signed by a Dr.

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN: _____ RELATION: _____

DAY PHONE: (____) _____ -- _____ CELL PHONE: (____) _____ -- _____

The named participant has my permission to participate in the camp program. In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I give permission to the attending certified athletic trainer to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below. The Health History provided previously is correct to the best of my knowledge, and the child described herein has permission to engage in all prescribed program activities. I hereby authorize the staff of Champion Football Camp to provide care and medical treatment as necessary to my minor child named before.

I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to his or her participation in the program identified above. I, as the parent and/or legal guardian of the participant and on behalf of the participant, release, hold harmless and agree to indemnify Champion Football Camp, Mater Dei Prep, and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the participant may be liable to any other person related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Signature of Parent/Legal Guardian: _____ Date: ____ / ____ / 2017

REGISTRATION FEE: \$85

ADDRESS FOR REGISTRATION: 15 Bayside Pkwy Middletown, N.J. 07748