



**North Jersey's Premier Youth  
Football Camp  
APPLICATION & MEDICAL  
FORM**

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Parent's Name:** \_\_\_\_\_

**Parent's Work  
Numbers:** \_\_\_\_\_  
\_\_\_\_\_

**Alternative Emergency Contact:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grade/School  
September, 2011** \_\_\_\_\_

**Adult T-Shirt Size:** Small \_\_\_ Medium\_\_\_ Large\_\_\_ X-L\_\_\_

*Please Complete the above and below forms and forward with a \$185 check to:-*

**Back To Basics Football Camp  
Camp Director Chris Olsen  
6 Foxboro Road  
Wayne, NJ- 07470**



# North Jersey's Premier Youth Football Camp APPLICATION & MEDICAL FORM

Name OF Camper: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Any Special Conditions or Restrictions on participation?**

**NO**\_\_\_                      **YES**\_\_

**Explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

My Child has my permission to participate in **Back To Basics Youth Instructional Football Camp**, July11-July 15, 2011.

I have no knowledge of any physical impairment which would affect or be affected by my child's participation in the camp.

I hereby grant permission for my child to be given first aid by the Athletic Trainer/Staff. In the event of an emergency in which my child requires medical care, I grant permission for my child to be given emergency medical treatment at a local hospital. I will be responsible for any medical or other charges in connection with my child's attendance in the camp. I acknowledge that the **Back To Basics Football Camp** my child will participate in a sport that may involve among other things, physical contact of the body with persons or objects including ground; that at the football camp he/she may incur risk of injury. I specifically waive and give up and release the **Back To Basics Youth Instructional Football Camp** and staff from liability for any claim to damages which I or my child may have for injuries or illness that he/she may sustain at camp.

Parent's Signature: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

Date: \_\_\_\_\_