



RICH FISHER FOOTBALL CAMP

July 14th -16th 2008

Registration Form

Ages 8-14

Contact: Kirstin Berardino
99 Powers Road
Sudbury, MA 01776
kberardino@comcast.net

Each camper registered will need parental/guardian waiver signed before being allowed to participate.

Child's Name: _____

Player Height: ___ft. ___inches Weight: _____ lbs. DOB: (MM/DD/YY) ___/___/___

Grade: _____

T-Shirt Size (check one): Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

Child's Desired Position: (check one): Offense Defense

Your Position (check one from each position):

Offense: QB WR RB TE OL

Defense: LB CB S DL

Payment Method: (*Checks only please*) \$250/\$125 sibling discount.
Sorry, no refunds after July 11th, 2008

Please make all checks payable to : Rich Fisher Football Camp; mail to Rich Fisher Football Camp, c/o Kirstin Berardino, 99 Powers Road, Sudbury, MA 01776

Parent's Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Email: _____

Home Phone: _____ Cellphone: _____

Health Insurance Information:

Health Insurance Carrier: _____

Policy #: _____ Carrier Telephone Number: _____

CHILD INFORMATION

PARENT SIGNATURE



RICH FISHER FOOTBALL CAMP

July 14th -16th 2008

Registration Form

Ages 8-14

Contact: Kirstin Berardino
99 Powers Road
Sudbury, MA 01776
kberardino@comcast.net

EMERGENCY CONTACT INFORMATION

First Choice: Name: _____ Phone #: _____ Home Cell

First Choice: Name: _____ Phone #: _____ Home Cell

CAMP DISCLAIMER MUST BE SIGNED BY LEGAL GUARDIAN

PART I:

I AM THE PARENT OR GUARDIAN OF THE NAMED CHILD WHO IS A CANDIDATE TO BE PARTICIPATING AT THE RICH FISHER FOOTBALL CAMP. I HEREBY GIVE MY APPROVAL TO THE PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES OF THE CAMP 2008, INCLUDED BUT NOT LIMITED TO PRACTICES, DRILLS, GAMES, TOURNAMENTS, WEIGHT TRAINING INSTRUCTION, IF ANY, AND ANY OTHER ACTIVITY ASSOCIATED WITH THE CAMP ON AND AFTER THE DATE THEREOF. IN CONSIDERATION OF YOU PERMITTING MY CHILD TO PARTICIPATE IN THE CAMP AND THE ACTIVITIES, AND IN CONSIDERATION OF THE TIME AND EFFORT DEVOTED BY THE COACHES AND SUPERVISORS AND STAFF OF THE CAMP. I AGREE TO ALLOW RICH FISHER FOOTBALL CAMP TO USE IMAGES OF MY CHILD FOR MARKETING PURPOSES FOR THE CAMP. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE ACTIVITIES.

SIGNED (PARENT OR LEGAL GUARDIAN)

DATE

PART II:

I FURTHER HEREBY RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS RICH FISHER, THE ORGANIZERS, DIRECTORS, SPONSORS, SUPERVISORS, COACHES, REFEREES, COUNSELORS, THE FACULTY, AND ADMINISTRATION AND EACH OF THEM, FROM ANY CLAIM, DEMAND, OR ACTION ARISING OUT OF, OR IN ANY WAY RELATED TO THE RICH FISHER FOOTBALL CAMP OR RELATED ACTIVITIES, INCLUDING BUT NOT LIMITED TO ANY INJURY TO MY CHILD EXCEPT AND ONLY TO THE EXTENT OF AND IN THE AMOUNT COVERED BY ANY ACCIDENT OR LIABILITY INSURANCE. IN THE EVENT OF AN INJURY, THE RICH FISHER FOOTBALL CAMP STAFF IS AUTHORIZED TO OBTAIN ANY MEDICAL CARE OR TREATMENT DEEMED NECESSARY. I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

SIGNED (PARENT OR LEGAL GUARDIAN)

DATE