



2016 Crusader Football Camp

Coach Jay Alverson

Participant Information Form

Participant Name (Print): _____

Age: _____ Date of Birth: _____ Male/Female: Circle One

Fall of 2016 Grade: _____ School: _____

T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Participant's Email Address: _____

Participant's Phone Number: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Daytime Telephone: _____

Parent/Guardian's Mobile Telephone: _____

Parent/Guardian Evening Telephone: _____

Parent/Guardian's Email Address: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Who has permission to pick up the participant from camp?

Pick Up Person(s): _____ Phone #: _____

Pick Up Person(s): _____ Phone #: _____

Pick Up Person(s): _____ Phone #: _____

Medical History Information:

Participant Allergies: _____

Has the Participant ever had the following? Please Circle.

Heat Related Illness/Heat Stroke: Yes/No, if so, please explain: _____



2016 Crusader Football Camp

Coach Jay Alverson

Participant Information Form

Concussion: Yes/No, if so, please explain: _____

Any family history of Heart Attack or Sudden Death? Yes/No, if so please explain:

Anything else you need to share with the coaching staff about the participant?

Photo Waiver

By registering for this camp, I do hereby grant permission to the 2016 Crusader Football Camp and its volunteers, employees or representatives, to take and use: photographs, video and/or digital images of my child for use in promotional or educational materials pertinent to the 2016 Crusader Football Camp.

Parent/Guardian Signature: _____

Date: _____