

Name: \_\_\_\_\_ Grade: (Circle One...Fall 2010) 4th 5th 6th 7th 8th

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

Offense Football Position: (Circle One) TE OL RB WR QB

Defense Football Position: (Circle One) LB DL DB

Football T-Shirt size: S M L

School: \_\_\_\_\_

Enclosed is: \_\_(\$325.00) Payment in Full \_\_ (\$100.00) Deposit (Balance due by May 18th.)  
(Check one)

My child has permission to attend Arizona Youth Football Camp. Enclosed is the payment in full or the 100.00 deposit for the June 8th-June 17th Camp dates. I understand the 100.00 deposit will apply toward the camp tuition, the balance which will be paid by May 18th, 2010. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the Arizona Youth Football Camp. In the event of any emergency in which my child requires medical care, I authorize the staff of the Arizona Youth Football Camp to act for me to obtain whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with attendance at the camp. I acknowledge that at the Arizona Youth Football Camp my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground, that at the Arizona Youth Football Camp he may incur a risk of injury. I specifically waive and give up and release the Arizona Youth Football Camp, its owners and staff from liability for any claim for damages which I or my child may have for injuries or illness that he sustain at the Arizona Youth Football Camp. I authorize the Arizona Youth Football Camp to use any photographs or articles about my child for publicity purposes.

My child is covered by Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signature of Parent or Legal Guardian Signature - \_\_\_\_\_

Print Name \_\_\_\_\_

Make check payable to: Arizona Youth Football Camp

mail to:  
Coach Javier Zuluaga  
1938 E. Carver Road  
Tempe, AZ 85284