

Dolphin Gridiron Camp July 11th-15th

\$90 Registration

Mail completed application below *attention Chris Scott and payable to:*

CHRIS SCOTT

Head Football Coach Chris Scott
Ocean Lakes High School
885 Schumann Drive, Virginia Beach, VA 23454

Contact Information

olfootballcoach@gmail.com (757) 615-3571

NAME: _____ parents e-mail _____ @ _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ AGE: _____
PARENT/ GUARDIAN: _____
HOME PHONE: _____ WORK: _____ CELL: _____
EMERGENCY CONTACT NAME: _____ PHONE: _____
T-Shirt Size (Youth) Small _____ Medium _____ Large _____ X-Large _____

RELEASE/MEDICAL INFORMATION

In order to keep the cost of the camps down, all participants must have their own insurance in the event of an injury or illness that may occur while attending camp. Please complete the following information below.

Please print:

Insurance Carrier's Name: _____ Policy #: _____
Policy holders Name: _____ Relationship to camper: _____

My son has permission to attend Dolphin Gridiron Summer Football Camp. In the event of injury or illness I hereby grant my consent for medical treatment and permission for attending physician to secure proper treatment and secure medication or surgery if required. I intent to be legally bound hereby for myself and my heir wave any right I may have against the Dolphin Gridiron Summer Football Camp and its representative.

Signature: _____ date: _____

