

CAMP OF CHAMPIONS

STUDENT ATHLETE: _____ GRAD YEAR: _____

CAMP INFORMATION:

LOCATION: PINETOP-LAKESIDE, ARIZONA

CAMP DATES: DEPART SUNDAY, JULY 11TH, RETURN THURSDAY, JULY 15TH

(STUDENTS WILL LEAVE FROM AND ARRIVE AT MILLENNIUM HIGH SCHOOL. EXACT TIMES WILL BE ANNOUNCED ONCE DETERMINED. AT LEAST ONE PARENT OR ADULT GUARDIAN MUST ACCOMPANY THE STUDENT AT DROP OFF AND PICK UP.)

CAMP PRICE: \$350.00

PAYMENT METHODS: CASH _____ **(REC'D BY)** _____ **CHECK #** _____ **PAYPAL** _____ **(DATE)** _____

BILT: AMOUNT _____ **DATE SUBMITTED** _____ **(VERIFIED BY)** _____

ALL MONEY MUST BE RECEIVED ON OR BEFORE **JULY 2ND**. PAYMENTS RECEIVED **AFTER JULY 2ND** WILL ACCRUE AN ADDITIONAL **\$25** LATE FEE. NO REFUNDS AFTER JUNE 30TH.

*CONTACT THE BOOSTERS AT MTQCFOOTBALL@GMAIL.COM IF YOU NEED FINANCIAL ASSISTANCE OR TO MAKE PAYMENT ARRANGEMENTS.

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

EMAIL: _____

IN CASE OF EMERGENCY: _____ **PHONE:** _____

INSURANCE PROVIDER: _____ **PHONE:** _____

NAME OF POLICY HOLDER: _____ **POLICY #** _____

Participants should be covered under their own insurance policies. It is understood that Tiger Football, Blue Ridge School District, Camp of Champions, and Athletic Solutions LLC are released from all claims, demands, and causes of action whatsoever in any way growing out of or resulting from participation in, or in transit to or from, this football camp. I hereby authorize the Camp Directors to seek medical attention if such attention is warranted.

PARENT/GAUARDIAN SIGNATURE

DATE