



**FYFL/FYCL & BLCFA**

**FOOTBALL CAMP**

**\$50**

**REGISTRATION FORM**

**\$50**

**FERNLEY HIGH SCHOOL**

**JUNE 21-22**

**CAMPER INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

PARENT OR GUARDIAN NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**MEDICAL AND INSURANCE INFORMATION**

KNOWN ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

PREVIOUS INJURIES \_\_\_\_\_

HEALTH INSURANCE PROVIDER \_\_\_\_\_

HEALTH INSURANCE POLICY NUMBER \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

## PAYMENT INFORMATION

COST \$50 CARD FEE \$2

CIRCLE - CASH      CHECK      CARD      VENMO

RECIEPT # \_\_\_\_\_

## ACKNOWLEDGMENT, LIABILTY WAIVER & CONSENT

I, the undersigned parent/guardian of the above camper, do hereby grant the authority to the staff of FYFL/FYCL and BLCFA to apply judgment regarding medical assistance in the event of an accident, injury, or illness if they are unable to contact the parent or guardian. I authorize first aid, a medical or surgical diagnosis and treatment which may deem necessary.

I, the undersigned, release FYFL/FYCL and BLCFA and any of its coaches, staff, manager, and/or any parent for any responsibility in case of accident, illness, or injury during my child's enrollment.

I confirm that the information given in this form is true, complete and accurate. I have read, understand and agree to all statements on this form.

PARENT OR GUARDIAN NAME \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL COMPLETED FORM TO [FYFL.FYCL.EVENTS@GMAIL.COM](mailto:FYFL.FYCL.EVENTS@GMAIL.COM)

PAYMENT CAN BE MADE ONLINE THROUGH VENMO. PAYED REGISTRATIONS LOCK YOUR SPOT  
IN THE CAMP. PAYMENTS CAN ALSO BE MADE AT THE GATE.

