DEION SANDERS PRIMETIME C/B & W/R CAMP

***(circle one)* C/B -Cornerbacks W/R - Wide Receivers Q/B - Quarterbacks**

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[ ] July 12-14 Freshmen / Sophomores [ ] July 19-21 Session – Juniors / Seniors

_____ _____ ___/___/___ _____
First Name Last Name Birth Date Grade

_____
Home Address

_____ _____ _____ S M L XL XXXL
City State Zip (T-Shirt Size (circle one)

_____ _____
Emergency Contact/Relationship Emergency Phone

_____ _____ _____
E-Mail Position High School

[ ] YES [ ] NO _____
Roommate Preference Name (must be enrolled in same camp)

INSURANCE INFORMATION

_____ _____ _____
Insurance Company Policy Number Group Number

_____ _____
Insured Name Insurance Telephone Number

GUARDIAN'S CONSENT AND WAIVER OF LIABILITY

I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ _____ _____
Parent/Guardian Signature Emergency Telephone Number Date

PHYSICIANS CONSENT

You may provide a copy of a recent physical signed by a physician dated after June 2006 in place of a signed registration

I HEREBY CERTIFY THAT _____HAS NO RESTRICTIONS WHICH WOULD PREVENT HIM FROM ACTIVE AND FULL PARTICIPATION IN ANY AND ALL ACTIVITIES RELATED TO CAMP.

_____ _____ _____
Physician's Signature Telephone Number Date

PAYMENT INFO

_____ Enclosed is my check / money order in full, made payable to Deion Sanders Primetime CB-WR Camp
Day Campers - $395 Overnight Campers - $495

[Type text]

Send Payments to: P.O. Box 1221 - Prosper, TX 75078 or Fax to: 817-473-2276