

2009 Rimington Football Camp Registration Form



REGISTRATION OPTIONS

To register by mail ...

Complete the form, making sure you fill out all of the fields and sign where indicated, and mail the form to:

Rimington Football Camp
c/o Mr. Kelly Faiman
505 Cornhusker Road, #118
Bellevue, NE 68005

To register by fax ...

Complete the form, making sure you fill out all of the fields and sign where indicated, and fax the form to (402) 291-4279.

To register online ...

Visit the camp's website www.rimingtonfootballcamp.com and click on the registration page for details. You can fill out all registration details and make the payment online.

CAMPER INFORMATION:

Camper Name: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian Name(s): _____

Guardian Home Phone: _____ Work: _____ Cell: _____

Offensive Position: _____ Defensive Position: _____

T-Shirt Size (circle one): S M L XL XXL

Emergency Contact Information (If different than above):

Relationship: _____

Name: _____ Ph No.: _____

Insurance carrier: _____

Policy number: _____

Carrier's phone number: _____

Has participant received a physical in the last 12 months? Yes No

PAYMENT OPTIONS:

Make \$150 checks or money orders payable to: Boomer Esiason Foundation

Credit Card (circle one): Visa Master Card Discover American Express

Card # _____ Expiration Date: _____

Signature: _____

CAMP DISCLAIMER AND PARENTAL RELEASE FORM:

I AM THE PARENT OR GUARDIAN OF THE NAMED CHILD WHO IS A CANDIDATE TO PARTICIPATE AT THE DAVE RIMINGTON YOUTH FOOTBALL CAMP. I HEREBY GIVE MY APPROVAL TO THE PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES OF THE CAMP 2009. INCLUDED BUT NOT LIMITED TO PRACTICES, DRILLS, GAMES, TOURNAMENTS, WEIGHT TRAINING INSTRUCTION, IF ANY, AND ANY OTHER ACTIVITY ASSOCIATED WITH THE CAMP ON AND AFTER THE DATE HEREOF. IN CONSIDERATION OF YOU PERMITTING MY CHILD TO PARTICIPATE IN THE CAMP AND THE ACTIVITIES, AND IN CONSIDERATION OF THE TIME AND EFFORT DEVOTED BY THE COACHES AND SUPERVISORS AND STAFF OF THE CAMP. I ASSUME ALL RISKS AND HAZARDS TO INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE ACTIVITIES.

Signature: _____ Date: _____