



DAVE RIMINGTON FOOTBALL CAMP REGISTRATION AND PARENTAL RELEASE FORM

PLEASE CHECK ONE: YOUTH CAMP _____ OFFENSIVE LINE CAMP _____

Camper Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian Name(s): _____

Guardian Home Phone: _____ Work: _____ Cell: _____

*Email Address _____

Emergency Contact Information (If different than above):

Name: _____ Phone: _____

Payment Options
Make \$150 Checks or Money Orders to: Boomer Esiason Foundation
Visa MasterCard Discover American Express
Card# _____ Exp. _____ Code _____
Name on Card _____
Signature _____ Date _____

Dave Rimington Football Camp
505 CORNHUSKER RD. #118
Bellevue, NE 68005
rimfbcamp@gmail.com
Fax or Phone : 8 5 5 - R I M I N G T O N

ONLINE REGISTRATION @
WWW.RIMINGTONFOOTBALLCAMP.COM



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 FOOTBALL CAMP. I HEREBY GIVE MY PERMISSION TO THE PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES OF THE DAVE RIMINGTON FOOTBALL CAMP. INCLUDED BUT NOT LIMITED TO PRACTICES, DRILLS, GAMES, TOURNAMENTS, WEIGHT TRAINING INSTRUCTION, IF ANY, AND ANY OTHER ACTIVITY ASSOCIATED WITH THE CAMP ON AND ATER 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 GIVE THE DAVE RIMINGTON FOOTBALL CAMP PERMISSION TO USE ANY PHOTOS AND VIDEOS TAKEN DURING CAMP FOR CURRENT AND FUTURE PUBLICATIONS. I ASSUME ALL RISKS AND HAZARDS TO INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE ACTIVITIES.

PARENT/GUARDIAN

SIGNATURE : _____ DATE : _____