

APPLICATION (no confirmation will be sent)

Name _____ Home Telephone _____
Address _____ City _____ State _____ Zip _____
Name of Parent or Guardian _____ Emergency Contact _____
Emergency Telephone _____ School Attending _____ Age _____ Grade (Sept. 09) _____
POSITION: Offense _____ Defense _____
Height _____ Weight _____ Shirt Size (men's): S _____ M _____ L _____ XL _____ Session #: _____ 1 _____ 2 _____ 3

Are there special health conditions that Ironman Football Academy should know about? Yes No. If yes, explain _____

I understand that the tuition to be paid is for the designated dates and covers instruction and camp shirt. Accident insurance for the 2009 Ironman Football Academy is provided by the academy on an **excess** basis. All registrants must provide proof of primary medical insurance. A **\$100 nonrefundable deposit** must accompany this application, with the balance to be paid no later than the opening of the camp. No deductions shall be allowed for late arrival or early departure. I hereby certify that my son is in good health and may participate in all activities. In case of an emergency, I grant permission for my son to be given emergency treatment at a local hospital. Please make checks payable to: **Ironman Football Academy**

Parent's Statement: Must be signed before camper can participate.

I understand that neither the Ironman Football Academy, the camp staff, Don Bosco Prep nor anyone connected with the academy will assume any responsibility for accidents, (medical or dental), or other expenses incurred as a result of accidents during camp.

HOLD HARMLESS AGREEMENT

Signature _____ Date _____