



2009 APPLICATION

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: ____ - ____ - ____ Secondary Phone: ____ - ____ - ____

Mother's Name: _____ Father's Name: _____

Age: ____ Date of Birth: _____ Entering Grade (as of 8/09): _____

Height: ____ Weight: ____ Email: _____

High School: _____ City: _____ State: _____

Position: _____

Insurance Information: (must be completed in full)

Medical Insurance Company: _____

Insurance Company Address: _____

Insurance Policy: _____

Group: _____

I.D. #: _____

Responsible Information: _____

Payment Plan:

_____ I am paying a NON-Refundable Deposit Only – (\$50)

_____ I am paying in FULL (\$150)

Payment Method:

_____ Money Order

_____ Check

**A non-refundable deposit of \$50.00 must accompany this application. Make check or money order payable to: Defensive Minds Football Camp (all checks returned NSF will be assessed a \$35 fee). For more information email: info@defensiveminds.net*



2009 APPLICATION CON'T.

PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE DEFENSIVE MINDS FOOTBALL CAMP.

Liability Release and Assumption of Risk Disclaimer *(Please read thoroughly and sign)*

In consideration of DEFENSIVE MINDS FOOTBALL CAMP, allowing my child to participate in its football camp. I understand that my child must have current and active medical insurance before he/she can attend camp. I hereby register my child for DEFENSIVE MINDS FOOTBALL CAMP and authorize the staff to direct him in participation in camp activities. My child has no medical or emotional problems which may affect his ability to safely participate in your program. In the event of injury, I authorize the DEFENSIVE MINDS FOOTBALL CAMP and its athletic training staff to obtain and/ or administer any medical care or treatment deemed necessary. Neither I nor my son will hold the DEFENSIVE MINDS FOOTBALL CAMP liable for any injuries sustained at the camp.

Additionally, I give permission to utilize any video or photos that may include my child or me for commercial use that DEFENSIVE MINDS FOOTBALL CAMP chooses to utilize to promote the football camp.

By signing this, I verify that I have read and accepted all administrative policies and refund conditions as set forth by the DEFENSIVE MINDS FOOTBALL CAMP that are stipulated on the website and/ or in the brochure.

Signature of Participant's Father: _____ Date: _____
Signature of Participant's Mother: _____ Date: _____
Signature of Participant's Legal Guardian: _____ Date: _____
Signature of Participant: _____ Date: _____

RETURN APPLICATION WITH \$50 NON-REFUNDABLE DEPOSIT PAYABLE TO: *DEFENSIVE MINDS FOOTBALL CAMP*

MAIL TO:
DEFENSIVE MINDS FOOTBALL CAMP
240 N. DENTON TAP RD. SUITE. 480 PMB# 201
COPPELL, TEXAS 75019

**APPLICATION WILL NOT BE ACCEPTED WITHOUT NON-REFUNDABLE DEPOSIT (NO EXCEPTIONS)*