

**REGISTER ONLINE NOW: WWW.BISHOPDULLAGHAN.COM**

**"DOWN AND DIRTY" LINEMAN CAMP APPLICATION** (Check one or more Sessions)

- Session 1 - June 6-8 (Anderson)  
 Session 2 - June 18-20 (Manchester)

One Camper (attending alone) **\$245**  
6 to 10 Campers (same school) **\$235**  
11 or more Campers (same school) **\$225**

Name \_\_\_\_\_ Grade (Fall of 2008) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

\*FOOTBALL POSITION High School (Circle One of Each) OFFENSE: Center Guard Tackle DEFENSE: Nose Guard DE Tackle

Coach's Name \_\_\_\_\_ School \_\_\_\_\_

Roommate Preference \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** BD Down and Dirty Lineman Camp \***DO NOT STAPLE CHECKS TO APPLICATIONS\***  
**MAIL APPLICATION AND DEPOSIT TO:** Coach Mike Kirschner, 9010 Eiderdown Way, Indianapolis, IN 46234 317. 387.0124

My son has my permission to attend The Bishop/Dullaghan Down and Dirty Lineman Camp. Enclosed is a \$150 reservation fee for each of the session(s) he will attend. This will apply to the tuition, the balance of which will be paid one month before the opening date. I have no knowledge of any physical impairment that would effect by my son's participation in the B/D Camp program. In the event of any emergency in which my son requires medical care, I authorize the staff of the B/D Camp to act for me to obtain for him whatever medical treatment the staff in its best judgement deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with attendance at the camp. I acknowledge that at the B/D Camp my son will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground, that at the B/D Camp he may incur a risk of injury. I specifically WAIVE and give up and release the B/D Camp, its owners and staff from liability for any claim for damages which my son may have for injuries, or illness that he may sustain at the B/D Camp. I authorize the B/D Camp to use any photographs or articles about my son for publicity purposes. I also further agree to reimburse B/D Camp for any room damage caused by my son while attending the B/D Camp sessions.

He is covered by \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Insurance Company

Policy No. \_\_\_\_\_ Signature of parent or Legal Guardian \_\_\_\_\_