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**SKILLS CAMP APPLICATION** (Check one or more Sessions)

- Session 1 - June 5-8 (Anderson)
- Session 2 - June 29-July 2 (Franklin)
- Session 3 - July 14-17 (DePauw)

**\$290.00 PER CAMPER CAMP FEE**

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

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

Email \_\_\_\_\_

\*FOOTBALL POSITION High School (Circle One) QB TE WR RB DB LB

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

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

**MAKE CHECK PAYABLE TO:** BD Skills Camp **\*DO NOT STAPLE CHECKS TO APPLICATIONS\***

**MAIL APPLICATION AND DEPOSIT TO:** Coach J.R. Bishop, P.O. Box 3628, St Charles, IL 60174

My son has my permission to attend The Bishop/Dulleghan Skills 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 \_\_\_\_\_