

REGISTER ONLINE NOW: WWW.BISHOPDULLAGHAN.COM

SKILLS CAMP APPLICATION (Check one or more Sessions)

- Session 1 –June 11-14 (Stetson University)
- Session 2 –June 15-18 (Stetson University)

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 Rod Shafer, PO Box 4008, Lake Wales, FL 33859

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 affect 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 _____