

REGISTER ONLINE NOW: WWW.BISHOPDULLAGHAN.COM

SKILLS CAMP APPLICATION (Check one or more Sessions)

- *Session 1 - June 1-4 (Franklin)
*Team Skills Groups ONLY for Session 1
- Session 2 - June 4-7 (Wheaton)
- Session 3 - June 9-12 (Franklin)
- Session 4 - June 16-19 (DePauw)

- Session 5 - June 22-25 (Manchester)
- *Session 6 - June 23-26 (Franklin)
*FULL TEAM CAMP for Session 6

- *Session 7 - June 25-28 (Eureka)
- *Session 8 - July 7-10 (Franklin)

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/Dullaghan 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 _____ Insurance Company Home Phone: () _____

Policy No. _____ Signature of parent or Legal Guardian _____