

Schubert Football Camp Registration Form

Please *Print* and *Return* Completed Application to:

Schubert Football Camp Inc.

c/o Jim Schubert, 975 Ocean Blvd. #8 ~ Hampton N.H. 03842

Name

Address

City

State

Phone

Age Grade Team

Position

(Please circle Both Offense & Defense)

Defense:

DL DB LB DE

Offense:

WR OL QB RB TE

Camp Cost..... \$275.00 (Lunch Included)

Group Rates..... 10 + Campers \$260 per camper

A \$100.00 NON-REFUNDABLE DEPOSIT CHECK IS REQUIRED WITH YOUR APPLICATION.

Your cancelled check will serve as your receipt. Camp information and balance of payment due will be sent in June. **ALL MONEY DUE WILL BE PAYABLE BY CHECK BEFORE JULY 14TH. CASH ONLY TO BE ACCEPTED ON DAY OF CAMP.**

Authorization

I have adequate non-refundable coverage and insurance and give my son permission to attend **THE SCHUBERT FOOTBALL CAMP FOR YOUTH** and we (I) agree to indemnify the City of Manchester and its employees for any claim which may hereafter be presented by our (My) child, understands all rules and regulations of the **SCHUBERT FOOTBALL CAMP FOR YOUTH** and promises to conform to them.

I hereby authorize the directors and/or trainers to act for me according to their best judgment in any emergency requiring medical attention other than that maintained by the camp for service I shall pay.

Parent's Signature

Date

Emergency Contact Person/Phone Number

Deposit

Date