

**Suburban Pre-Season Football Camp Registration Form**  
**July 17-19, 2018 (Tuesday - Thursday) 6:00pm - 8:00pm**  
**Grades 3-8 Cost: \$60.00 (includes camp t-shirt)**

- Easthampton High School coaches and players will provide instruction.
- Helmet and pads are **required** and **NOT** provided.
- Bring a copy of your most recent physical form.
- Mail this form, completely filled out, with your check made out to **Matt Bean** to:  
**Suburban Pre-Season Football Camp**

**P.O. Box 633**

**Easthampton, MA 01027**

- For more information, contact Matt Bean (413)561-5848 or [mbjags@aol.com](mailto:mbjags@aol.com)  
Rick Rogalski (413)626-6332 or [coachrogalski@gmail.com](mailto:coachrogalski@gmail.com)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Positions: \_\_\_\_\_

Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

T-Shirt Size: S M L XL

**\*NO REFUNDS\***

**Football Camp Informed Consent and Emergency Care Statement:**

I hereby state that my child is in good physical health and I give my full consent to participate in the Suburban Pre-Season Football Camp. I understand the dangers and risks of injury that can occur while my child participates and even though the Camp Staff takes great care to minimize the potential risks of injury, I fully know, understand, and appreciate the risks involved. In Case of emergency, I understand every attempt will be made to contact the parents/guardian listed. If contact is unsuccessful, I give my permission to the

camp staff to seek medical treatment for the participant, including (if necessary) hospitalization. Any expenses arising from an injury or illness is the responsibility of the person signing below.

**Insurance**

**Company:** \_\_\_\_\_

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**Policy**

**#:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_