

**2010 TOKAY THUNDER FOOTBALL CAMP
Participant Registration**

Participant INFO

Name: _____ Age _____

Address _____

Parents Name(s) _____

Day Phone: _____ Eve. Phone: _____

Parent E-mail: _____

School Name: _____ School City _____

Favorite Position: _____ DOB _____

**2010 TOKAY THUNDER FOOTBALL CAMP
PARENT'S AUTHORIZATION & INSURANCE INFORMATION FORM**

NOTE: ALL PARTICIPANTS NOT SIGNED UP WITH TOKAY YOUTH FOOTBALL MUST BRING THIS FORM UPON ARRIVAL AT CAMP. THIS FORM MUST BE COMPLETELY FILLED OUT PRIOR TO TAKING PART IN ANY CAMP ACTIVITIES.

NAME _____ AGE _____ HT _____ WT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I have given my son permission to participate in the Tokay Youth Football (Thunder) Camp at Tokay High School and certify that he is in good health and can take part in all clinic activities. If any injury occurs, I authorize the TYF camp staff to take all proper action and use the emergency service available at the nearest hospital, if necessary.

I understand my personal insurance will be used in this case (the proper calls will be made to you before any medical attention is given). In case of extreme emergency, I authorize the emergency personnel to take proper action.

SIGNED _____ DATE _____

PARENT (S) NAME _____ CONTACT # _____

PARENT (S) NAME _____ CONTACT # _____

IF PARENT IS UNAVAILABLE, WHO SHOULD WE CONTACT? _____

RELATIONSHIP _____ CONTACT # _____

INSURANCE CO. _____ POLICY NUMBER _____
(Parent or Guardian)

Daytime Phone (_____) _____ Insurance Co. Phone (_____) _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

Any special things we should know (allergies to medication, medications being taken, bee sting kits, etc.):

