



2017 Summer Football Camp Registration / Waiver Form

Player Name: _____

Entering Grade: _____

Parent Name: _____

Best Phone: _____

Email Address: _____

Alternate Emergency Contact: _____

Best Phone: _____

I, the undersigned give permission for my child to participate in Fellowship Academy Summer Football Camp. This authorization shall waive, release and resolve Fellowship Academy and its staff from any and all liability from injury and or illness incurred by the player, parent, sibling, or spectator. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede him from participating in Fellowship Academy Summer Football Camp.

I understand that the following fee is due in full by the due date listed:

2nd – 5th Grade

DATE: June 19th - 22nd

TIME: 9:00 am to 11:00 am

COST: \$100 ~ DUE THURSDAY, JUNE 1, 2017

Make check payable to: Kevin Hatcher

6TH – 8th Grade

DATE: July 17th – 20th

TIME: 9:00 am to 11:00 am

COST: \$100 ~ DUE THURSDAY, JUNE 1, 2017

Make check payable to: Kevin Hatcher

Signature of Athlete

Date

Signature of Parent/Guardian

Date

Fellowship Academy Office Use Only

Date: _____

Payment: Cash Check # _____

Total Amount Paid: _____