



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: _____