

SouthEastern Wing-T Football Camp Player Registration Form

The University of West Georgia



STUDENT NAME _____ AGE _____
HEIGHT _____ WEIGHT _____ GRADE TO BE ENTERED THIS FALL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMERGENCY PHONE _____

POSITION (circle one) OFFENSE OL SE RB QB SCHOOL _____

ROOMMATE PREFERENCE _____

Please check the appropriate camp tuition:

\$265 - Overnight Camper

\$170 - Day Camper (Lunch Only)

Fill out and mail this form with the \$100 Deposit. The remainder of the Tuition is due on your arrival at camp.

Make checks payable to: SouthEastern Wing-T Camp

Return Application to: Jim Dorsey, McEachern High School, 2400 New Macland Road, Powder Springs, GA 30127

PART 2 - EMERGENCY HEALTH INFORMATION

Mother's Name _____ Day Phone _____ Employer _____
Father's Name _____ Day Phone _____ Employer _____

If Parent/Guardian cannot be reached call: _____ Phone _____
_____ Phone _____
My family physician is: _____ Phone _____

Indicate any serious medical conditions: (allergies, recurring illnesses, disabilities, chronic illnesses, etc.): _____

List the names of any medications applicant is presently taking and for what medical condition(s): _____

Date of most Recent Tetanus Immunization: _____ (If more than 10 years ago, a booster shot is recommended.)

Camper is allergic to: Penicillin Aspirin Other: _____

Medical Insurance Company _____ Policy Number _____

Are you insured by any other benefit plan such as HMO, etc. **Y N** Name _____

PART 3 - OVERNIGHT MEDICAL INFORMATION

Please ask your physician to sign the statement below, **or send a copy of the current school physical.**

I have examined _____ within the last 12 months and find no medical reason that he/she cannot participate in camp. His/Her medical records show that all immunizations are up to date.

Date of last Tetanus and Diphtheria Immunizations _____ Physician's Signature _____

The Sports Camps have adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp: 1) The camp will call home. If there is no answer (2) the camp will call the father's, mother's, or guardian's place of employment. If there is no answer (3) the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4)Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility. (6) The camp will continue to call the parents, guardians, or physician until one is reached. If I cannot be reached and the camp authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery, diagnostic procedures, or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature _____ Date _____

ALL REQUESTED INFORMATION INCLUDING SIGNATURES MUST BE PROVIDED