

2008 Registration for Youth Football Camp

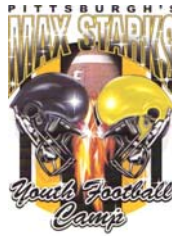
“Inspiring and Empowering Today’s Youth”



**Max Starks (OL)
Pittsburgh Steelers**

MAX STARKS NFL YOUTH FOOTBALL CAMP

**Lake Highland Preparatory School
901 N. Highland Avenue
Orlando, FL.32803**



Please check the appropriate camp:

Admission is Free

Speed & Agility Camp - June 27, 2008 / Start time - 9AM

(High School Only)

Technique, Skill & Conditioning Camp - June 28, 2008 / Start time 9AM

(All-ages)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Male / Female / DOB: _____ Grade Entering: _____ Age _____

School: _____

Organized Football Team: _____

Name/ Phone Contact of Coach: _____

**Parent or Coach Email Address: _____

Emergency Phone Contact: _____ Any Allergies/Name _____

Circle One	Youth T-Shirt Size	S	M	L	XL		
	Adult T-Shirt Size	S	M	L	XL	2XL	3XL
	Youth Short Size	S	M	L	XL		
	Adult Short Size	M	L	XL	2XL	3XL	4XL

I, the undersigned parent or guardian, submit that my son or daughter is physically fit to participate in strenuous athletic activity and is able to participate in the **Max Starks Youth Football Camp**. In consideration of my child’s entry being accepted, I intend to be legally bound, and do hereby for myself, my heirs, executors, waive and release all rights and claims for damages which may or which herein after accrue to me against Max Starks, the Max Starks Youth Football Camp, CityTeenz, Lake Highland Prep School, City of Orlando, Recreation Dept., volunteers, and sponsors of the event which I am entering, and subsidiary or division there of, of their respective officers, agents, directors, representatives, successors, assigns, administrators, employees, trustees, and sponsors for any and all damages or injuries which may be sustained and suffered by my child in connection with entry or participation in the **Max Starks Youth Football Camp**. If my child should suffer injury or illness, I authorize officials of the Camp to use their discretion to have my child transported to a medical facility and I take full responsibility for these actions. I attest and certify that my child is physically fit and is sufficiently conditioned for this camp. I am aware that free physicals are available and suggested to be done by Teen Express associated with the Orange County Schools Mobile Unit. I am informed to contact my child’s school for more information. I hereby grant full permission to any photography, videotapes, motion pictures, recording’s for any record of this event for any purpose. _____ **Please initial - that I reviewed and understand the above information.**



Max Starks Youth Football Camp
P.O. Box 916404 - Longwood, Florida 32791
“Inspiring and Empowering Today’s Youth”



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Parent or Guardian Signature to participate _____ Emergency Phone # _____ Date _____

Participant/Camper Signature to participate _____ Emergency Phone # _____ Date _____

Updated Physicals required & attached - Awards Ceremony at 3:00pm

****Give Completed forms to Head Coach, Recreation Dept. Director, or Fax Forms to: 407 774-7456

Emergency Medical Authorization

Camper's Name: _____

Address: _____

Age: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

PURPOSE: To enable parents and coaches to authorize the provision of emergency treatment for children who become ill or injured while attending camp, when parents or guardians cannot be reached. EMT will be onsite.

Parent or Guardian Information

Mother's Name: _____

Daytime or Cell Phone Number: _____

Father's Name: _____

Daytime or Cell Phone Number: _____

Other Responsible Family Member: _____

Daytime or Cell Phone Number: _____

Name of Primary Caregiver or Parent: _____

Relationship: _____

Address: _____

Cell or Home Phone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Person bringing Camper to Program: _____

Name of Person picking Camper Up: _____

Cell Phone Number: _____

Signature of Parent or Guardian: _____



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