## REGISTRATION

ROCKFORD HIGH SCHOOL June 24 & 25



Camper's Name				
Address				
Phone	Home:	Work:	Cell:	
Parents'/Guardian Names				
e-mail				
Emergency Contact				
Allergies/Existing Conditions				
Medications				
<b>Family Doctor</b>				
Preferred Hospital				
School				
Grade				
Age				
Kicking and/or Punting Experience				
Explain what level of participation you will be pursuing this fall (varsity, JV, freshman, middle school, rocket, etc.) and your goals.				
Explain other positions you may also play				

If immediate medical attention is needed, I authorize a staff member of It's Good! Kicking & Punting to have my son/daughter treated at\_\_\_\_\_\_ (noted above and must be in the Grand Rapids area)