

REGISTRATION

ROCKFORD KICKING/PUNTING CAMP 2007 June 23 & 24



| Camper's Name | | | | | | |
|---|----------------|--|--|--|--|--|
| Address | | | | | | |
| Phone | Home: | Work: | Cell: | | | |
| Parents'/Guardian Names | | | | | | |
| e-mail | | | | | | |
| Emergency Contact | | | | | | |
| Allergies/Existing Conditions | | | | | | |
| Medications | | | | | | |
| Family Doctor | | | | | | |
| 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 at son/daughter treated at | | horize a staff member of It's Good! Kicl | | | | |
| Since this is a physical a | ıctivity, I/we | will be performing activities relate | understand that my child gactivities related to kicking and punting and that I | | | |
| agree to hold harmless Rockford Schools and It's Good! Punting & kicking from injuries or accidental death. | | | | | | |

Mail to: Coach Ledbetter, 45 Fawn Cove Ct., Rockford, MI 49341