



2017 RIDLEY FOOTBALL

YOUTH FOOTBALL CAMP - \$40.00

July 10th, 11th & 12th

9 am to 3 pm

The Ridley Youth Football Camp is designed to teach the fundamentals of Football and enjoyment of the game. Activities will include basic drills and activities to promote interest and understanding of basic football position skills and techniques. All campers will receive a **T-SHIRT** on the first day of camp. *Lunch is not included or provided for the camp.*



PLEASE REGISTER

2016 CENTRAL LEAGUE CHAMPIONS

(Please print the information below)

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PARENT or GUARDIAN: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

GRADE (In September) _____ SCHOOL _____

T SHIRT Size: (Youth) S M L XL (Adult) S M L XL **Please Circle One*

PLEASE ENROLL ME IN THE RIDLEY YOUTH FOOTBALL CAMP:

Youth Football Camp

July 10TH – 12TH

Cost of the Camp \$40.00

*Please make all checks Payable to: **Ridley Football Booster Club**

**Mail to: David Wood
Head Football Coach
65 Mount Aire Farm Road
Glen Mills, PA 19342**

To Reserve your spot --- Email Coach Wood at dwood@ridleysd.org



2017 RIDLEY YOUTH FOOTBALL CAMP

2016 CENTRAL LEAGUE CHAMPIONS

MEDICAL TREATMENT AUTHORIZATION FORM

Youth Football Camp – July 10th, 11th, and 12th

Participants Name & Date of Birth _____

1. List any medical conditions that camp personnel should be aware of:

2. List any medications currently taking:

3. List any allergies:

EMERGENCY CONTACT INFORMATION:

Name _____

Phone _____

MEDICAL POLICY Each participant should have his or her own medical insurance. Certified athletic trainers will always be available. Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

INSURANCE INFORMATION:

Name of Medical Insurance Company _____

Name of Policy Holder _____

Policy Holder Date of Birth _____ Policy # _____

Medical Insurance Group _____

_____, as a parent or legal guardian of the participant named above, authorize Ridley to seek medical care / treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any to be made to the medical facility.

(Signature of Parent or Guardian) Date: _____