

2018 Vermont Football Camps Enrollment Application

To register please complete this application and mail it along with a \$50.00 non refundable deposit per camp selected or full payment to: **Chadde Wolf, Executive Director, VT All-Star Football Camps, 13 Black Road, Berlin, VT 05602.** You will receive a confirmation letter detailing all important issues regarding your participation in the camps. Please retain the letter for your records as it represents your official camp notification. Cancellations received after the start of session will forfeit all payments.

Please Check Each Camp For Which You Are Enrolling!
 Questions Call 802-229-9653 or Register On-Line @ vtfootballcamps.com
 Weeklong Football Camp Tuition Charges One day QB/WR clinic Tuition Charges

Enroll on or before January 31:	\$150.00	\$50.00
Enroll on or before April 30:	\$175.00	\$75.00
Enroll between May 1 & June 30:	\$200.00	\$100.00
Enroll after June 30 or "At the Door": (No multi-camp discount "at the door")	\$225.00	\$125.00

Attend both
a Clinic & a weeklong
Camp and
You save 15%

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| <input type="radio"/> Southern VT All-Star Football Camp, July 9-13
<i>Rutland High School, Rutland, VT</i> | <input type="radio"/> So. VT QB/Rec Clinic, Sunday, July 8 |
| <input type="radio"/> Northern VT All-Star Football Camp, July 23-27 | <input type="radio"/> No. VT QB/Rec Clinic, Sunday, July 22 |

VERMONT ALL-STAR FOOTBALL CAMPS "PRO-STYLE" COMBINE WORKOUTS
All Combines are run from 3pm-4:30pm on Thursday of your camp week.
Results of your 8 tests will be summarized and presented to college coaches at camp and offered to other colleges.

Southern VT Thurs July 12
 Northern VT Thurs July 26
 Cost: **\$50.00** No Multi-Camp or Sibling Discounts.

Are you a repeat Camper? _____ If so, what years? _____ Preferred Adult T-Shirt Size: _____

Personal Information: Name: _____ M/F: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Name(s): _____

Primary Phone:(____) _____ Secondary Phone:(____) _____

Email: _____

Football Information: School/Team: _____

Head Coach: _____ Grade Ent. in Fall: _____ # Yrs Playing Football: _____

Please circle the Primary Offensive and Defensive Position that you play :

OFFENSE: QB RB WR TE OL **DEFENSE:** DB OSLB ISLB DE DL

Medical Information: D.O.B.: _____ Age: _____ Ht: _____ Wt: _____

Are there any medical conditions, past problems, or concerns our athletic trainer need to be made aware?: _____

Group Insurance Name: _____

Policy # / Subscriber ID #: _____ **Group #:** _____

Parental Release Form & Waiver of Liability Information:

My son/daughter, _____, has had a physical exam with in the last two years and is physically fit to participate.

I authorize the event athletic trainer to act on my behalf according to his/her best judgement (including immediate medical attention and/or transportation to an area medical facility) in the event of any emergency and I cannot be contacted. I also authorize area hospital medical personnel to act on my behalf in the event of any emergency requiring transport to a medical facility and I cannot be contacted. Furthermore, I understand that participation in the sport of football carries inherent risk of physical injury. I furthermore agree to absolve Vermont All-Star Football Camps, their employees & independent contractors, the High School or College upon whose property the event(s) is/are held of any liability resulting from injury, catastrophe, death or other distress incurred while participating in the chosen event(s).

Signature of Parent or Guardian