



# CAMP REGISTRATION FORM

**PLEASE FILL OUT ALL THE INFORMATION LISTED BELOW:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ D.O.B \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

Current School: \_\_\_\_\_ Parent/Player Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Age (as of 1/1/2015): \_\_\_\_\_

Offensive Position: \_\_\_\_\_ Defensive Position: \_\_\_\_\_

- Check Camp Attending:  QB Boot Camp  Intermediate Core Training (I.C.T)  Advanced Field Training (A.F.T)
- OC-6 Personal Training  7-on-7 Passing Camp

**METHOD OF PAYMENT:**

- Check (Make checks payable to: Akana Athletics, LLC)  Money Order  Cash  Credit Card (Payment available online)

Payee's relationship to camper: \_\_\_\_\_

Please mail a copy (front & back) of your Health Insurance Card with this application. A Health insurance Card is required to participate in all camps.

**Waiver: Release for Medical Treatment**

The QBFG Academy Boot Camp is sponsored and run by Akana Athletics LLC, and it may be held at a high school field within the Bellevue School District and use some of its facilities. However, the QBFG Academy Camp is not sponsored or run by the Bellevue School District, and Coach and Coach's assistants are not employees or agents of the Bellevue School District in their operation of the camp. Please read the following agreement carefully before signing. Although camp participation is encouraged, it is only encouraged if health and safety are considered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY:**

<input type="checkbox"/> Allergy Type: _____	<input type="checkbox"/> Limitations: _____
Reactions: _____	_____
_____	<input type="checkbox"/> Special Requests: _____
<input type="checkbox"/> HEALTH INSURANCE CARD	<input type="checkbox"/> CLEARED
_____ Hospital of choice	<input type="checkbox"/> NOT CLEARED
	Signed off by: _____