



PITT-GREENVILLE TITAN YOUTH FOOTBALL
2017 SUMMERCAMP REGISTRATION FORM

Mail form along with **\$78.00** check or money order (made payable to Pitt-Greenville Titan Youth Football) to:
Pitt-Greenville Titan Youth Football
3608 Langston Blvd.
Winterville, NC 28590

Child's Name _____ Grade (This Coming Fall) _____
Age & DOB _____
Address _____ City _____
State _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____
T-Shirt Size (please circle): YS YM YL AS AM AL AXL AXXL
Emergency Contact & Best Phone Number _____
E-Mail _____

MEDICAL HISTORY

Is there a known history of:

- | | | |
|--|---|---|
| A. Medical conditions currently under treatment | Y | N |
| B. Pre-existing injury currently under treatment | Y | N |
| C. Any medications presently being taken | Y | N |
| D. Allergies (drugs, bee stings, food, asthma, etc.) | Y | N |
| E. Recent illness of more than one week | Y | N |

Explain above questions answered yes _____

My child has permission to attend the FCA/Pitt-Greenville Titan Youth Football Summer Football Camp. In the event of illness or injury, I hereby grant my consent for medical treatment by the camp personnel and permission for the attending physician or appropriate medical personnel, to hospitalize, secure proper treatment and/or injection, anesthesia or surgery. I will be responsible for any medical or other charges connected with my Child's attendance at camp.

I hereby state that the FCA/Pitt-Greenville Titan Youth Football and all their employees/volunteers are not responsible for any pre-existing injury or recurrence of any disclosed pre-existing injury or illness of the above camper. In acceptance of this applicant for camp, I hereby release FCA/JH Rose High School & Pitt-Greenville Titan Youth Football and all their employees/volunteers from all claims or damages which may arise out of my child's association with this camp and which may arise out of traveling to, participating in, or returning from camp.

Parent Guardian Name (Please Print) _____

**Parent Guardian Signature _____

FOR OFFICE USE ONLY

Check _____

Money Order _____

Date Received _____