2010 Camp Application

Camper's name _____

Address _____

City/State/Zip _____

Home Phone _____

Parent Work Phone _____

Grade Next Fall _____ Age _____

CAMPER TUITION: (Cost per person)

- ☐ **Overnight Campers $485**
- ☐ **Day Campers $360**
- ☐ **Special Clinics $90**
  (Quarterback or Receivers Clinic)

Fill out & mail with your $150 deposit or charge full tuition to MasterCard or Visa.

Make checks payable to:
Mile High Football Camp, 2178 Placid Drive, Boulder, CO 80301.

Medical Certification

We **must** have a copy of your 2009/2010 school physical **or** a Doctors signature on this form in order for your application to be accepted.

I hereby certify that _____
is physically fit to participate in an active football school and that I know of no physical impairments which would in any manner limit their participation in such a program.

Signed (physician) _____ Date_____

Medical Insurance Company: _____

Insurance Policy Number: _____

Cardholder's Name _____

Visa/MasterCard # _____ Exp Date _____

I hereby authorize the staff of the Mile High Football Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp from any and all liability for any injuries or illnesses incurred while at camp. I understand that violation of camp rules may result in dismissal from camp with all tuition forfeited.

Parent or Guardian Signature_____

(For Official Use Only)

Deposit	Full Tuition	Equip Rental	Key Deposit	Dorm Room Number
$	$	$	$	