

2011 Camp Application

Camper's name _____
 Address _____
 City/State/Zip _____
 Home Phone _____
 Parent Work Phone _____
 Grade Next Fall _____ Age _____

CAMPER TUITION: **Overnight Campers** \$495
 (Cost per person) **Day Campers** \$375
 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 2010/2011 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
\$	\$	\$	\$	