

# Application for the F & B Football Combine Camp

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Position Offence: \_\_\_\_\_ Defense: \_\_\_\_\_

School: \_\_\_\_\_

- Application must accompany payment
- Make checks payable to: F & B Football Report  
6338 E. Valleygreen Rd.  
Flourtown, PA 19031 (215-836-7888)
- T-shirt size please circle one:  
L                  XL                  XXL                  XXXL

## PARENT STATEMENT/WAIVER (Please read and sign)

My son has permission to attend the F & B Football Report combine camp. My son has had a physical examination within the past year, and he is physically able to participate in camp activities. In the event of illness or injury I hereby give my consent for medical treatment and permission for the attendant physician to hospitalize, and secure proper treatment and order injections, anesthesia, surgery. I will be responsible for any medical or other charges in connection with my son's attendance at camp.

Applying for acceptance to the F & B Football Report combine, I intending legally bound hereby for myself, my heirs, executors, and administrators, we and release any and all claims for damages, I may have against the F & B Football Report camp it's representatives, Valley Forge Military Academy and College for any and all damages which may be sustained in association with this camp, and which may arise out of my traveling to, participating in, or returning from this camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Coverage by: \_\_\_\_\_ (Company)

Policy Number: \_\_\_\_\_