



**June 15, 2007**  
**9:00AM – 2:00PM**



## Football Camp Registration Form

### THINGS TO KNOW

- **The camp will be held at Gainesville High School, 1201 S. Lindsay, Gainesville, TX.**
- **Registration begins at 8:00AM, Friday, June 15, 2007.**
- **Camp begins at 9:00AM and ends at 2:00PM.**
- **This FREE Camp Is Open To Boys & Girls, Ages 6-16.**
- **This is a non-contact camp, so football pads are not needed.**

Please Send Completed Registration Form To:

Kevin Mathis Foundation, C/O 2006 Youth Football Camp: P.O. Box 59 • Colleyville, TX 76034  
Or Fax to: (817) 416-7697

\*Registration Forms Must Be Postmarked by June 1, 2007. For more information, please call us at 888.939.2323

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade (for 2007 school year): \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Position (circle)    Offense: OL    TE    WR    RB    QB    P/K    Defense:    LB    DT    DE    DB

Circle Shirt Size:    (Child sizes): S M L    (Adult sizes): S M L XL XXL XXXL

How did you hear about the camp? \_\_\_ Newspaper \_\_\_ Boys & Girls Club \_\_\_ School \_\_\_ Radio \_\_\_ Other (Please explain) \_\_\_\_\_

### CONSENT FOR TREATMENT OF A MINOR (This is required of ALL Campers.)

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and the Kevin Mathis Foundation and its employees and camp volunteers shall not be responsible in any way for the consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care to the best of their ability. I have read this release and fully understand its contents. I am aware that this is a release of liability and a contract between me and the Kevin Mathis Foundation and sign it of my own free will.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian E-Mail

### Pertinent Medical/Insurance Information (to be completed by parent/guardian):

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Previous Injuries: \_\_\_\_\_

Other: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_