

# MNU Football

## 2009 High School Football Contact Camp

June 11, 12, 15, 16  
10:30am-1:30pm

\$25 per day per player for the first 2 days  
\$15 per day per player after 2 day

See your coach for more details:

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### MNU Football Contact Camp

Full Name \_\_\_\_\_ High School \_\_\_\_\_ Grade Next Fall \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates Attending (Circle) June 11 12 15 16

\$25 per day for first 2 days      \$15 per day after 2 days      Price\$ \_\_\_\_\_

I hereby request that you accept the application for enrollment of \_\_\_\_\_ in the MNU Football Contact Camp. In consideration of your acceptance of the application, I hereby release MidAmerica Nazarene University and all it's employees from all claims on account of injuries which may be sustained by my son while attending the MNU Football Contact Camp; and I Agree to indemnify MidAmerica Nazarene University and all it's employees for any claim which may hereafter be presented by my minor son of any such injuries.

I understand that any camper who does not abide by camp rules may be dismissed from camp with no refund. In the event of illness of injury, I herby give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia or surgery. I will be responsible for any medical and other chargers in connection with my son's attendance at this camp.

I certify that my son is covered by the medical insurance policy listed below.

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent Signature \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_