

MISSISSIPPI VALLEY STATE UNIVERSITY
DELTA DEVILS
 FOOTBALL

2019
 SUMMER CAMP
REGISTRATION

This form must be completed in its entirety, including the parent or legal guardian's signature for students 17 years or younger. Registration forms must be submitted to the MVSU Department of Athletics – Football in person, by mail, or fax.

Desired Camp (select one):

<input type="checkbox"/> YOUTH June 21, 2019 \$ 10/per student Grades 3 -8	<input type="checkbox"/> PROSPECT June 22, 2019 \$ 20/per student Grades 9-12
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Student Information (please print)

Name: _____
 DOB: _____ Age: _____ Cell Phone: _____
 Address: _____

 Email: _____
 Position: _____ Height: _____ Weight: _____
 Fall 2019 Entering Grade: _____ Entering School: _____

T-Shirt Size (circle one)

YS YM YL AS AM
 AL AXL AXXL AXXXL

Parent/Guardian Information

Name: _____ Work Phone: _____
 Home/Cell Phone: _____ Employer: _____
 2nd Contact (relationship): _____
 Home/Cell Phone: _____ Work Phone: _____

Payment

Check MasterCard Visa AmEx

Credit Card No. _____ Exp. Date _____

Signature _____

MAKE CHECK /MONEY ORDER PAYABLE TO:

MVSU Football
 Attn: Vincent Dancy
 14000 Hwy 82 West - Box 7246
 Itta Bena, MS 38941

Medical Release

Does this participant have any disabilities, present or previous injuries, allergies, hemophilia, heart conditions, history of respiratory illness, is taking medication or have any other significant medical condition?
 () Yes () No If yes, please explain:

Primary Physician / Phone

Insurance Company / Policy Or Group #

Policy Holder

In case of emergency, I hereby authorize treatment and/or care as deemed necessary by the MVSU staff.

Indemnity Waiver

I hereby release Mississippi Valley State University and all of its employees from any claims or liability for injuries that may be sustained by participant while attending this football camp.

Model Release

I __ do __ do not (check one) grant MVSU permission to use my name/child's name, photograph, and comments for marketing, advertising, university relations, and promotional purposes. I understand I will not be paid for any use of my image in any MVSU marketing materials now or in the future.

 18+ PARTICIPANT'S SIGNATURE DATE

 PARENT/GUARDIAN'S SIGNATURE DATE