# Palmyra-Eagle Football
# **Camp Sign Up**

**Who: Players entering 9-12th grade**
**When: July 17th - 21st**
**Time: 3:00pm - 6:00pm**
**Cost: $30**
**Please make checks payable to "Palmyra-Eagle QB Club"**

Player Name: _____ Cell:_____
(last) (first)

Email: _____

1. Parent/Guardian Name:_____ Cell:_____

Email: _____

2. Parent/Guardian Name:_____ Cell:_____

Email: _____

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In the event of EMERGENCY CONDITIONS, the following procedures will be followed:

1. Emergency first aid will be given by trainer, coach or other qualified person
2. In case of serious injury/illness
   a. The child will be transported to the nearest hospital for examination by a physician
   b. The parent/guardian will be contacted

"I hereby authorize the school to follow the emergency procedures listed above"

_____ _____
Medical Insurance Carrier & Phone Number Policy Number

_____
Parent/Guardian Signature

**return this form and $30 camp fee to Coach Hauser, Coach Wilde, or on the first day of camp