

Elite Camp 2019

(Mail-in Registration)

NAME: _____ NICKNAME (if commonly used): _____

SCHOOL: _____ GRAD YEAR: _____

HOME ADDRESS: _____

PLAYER CELL: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

POSITION(s): _____ AAU TEAM: _____

INTENDED MAJOR: _____

Agreement and Release of Liability:

I and my heirs release Defiance College and all employees, officers, and agents from liability, damages to or loss of any personal belongings, sickness and injury from whatever source, legal entanglement, imprisonment, death, loss of money, etc. for which this college is not liable which might occur while participating in this camp. I also authorize Defiance College to provide necessary medical care if needed.

X _____

Print name of Parent/Guardian

X _____

Signature of Parent/Guardian