



REGISTRATION/PAYMENT OPTIONS

ONLINE: RMCFOOTBALLCAMPS.COM

MAIL-IN: FOOTBALL CAMP DIRECTOR
103 E. PATRICK ST.
ASHLAND, VA 23005

CHECK-IN & CONTACT INFORMATION

CHECK IN: JULY 12th 4:30 – 6:00 PM DAY FIELD
(TUNNEL OPPOSITE THE SCOREBOARD)

WALK-UPS ACCEPTED (FULL PAYMENT
MUST BE PROVIDED AT CHECK-IN)

CHECKS PAYABLE TO: PEDRO ARRUZA

CONTACT: PHIL NICOLAIDES (804)752-3602
PHILNICOLAIDES@RMC.EDU

NAME: _____

HIGH SCHOOL: _____

YEAR IN SCHOOL (2018-2019) 9th 10th 11th 12th (CIRCLE ONE)

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN PHONE: (_____) _____ CELL: (_____) _____

E-MAIL: _____ OFF POS: QB RB WR TE OL DEF POS: DL LB DB

T-SHIRT SIZE: M L XL XXL EACH PLAYER MUST CIRCLE OFFENSIVE **AND** DEFENSIVE POSITION

MEDICAL RELEASE

I certify that the named Camper is physically fit for playing football and other related activities and has my permission to participate in the camp program. In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I authorize the Randolph-Macon College Football Camp Medical Staff to perform immediate medical care, which includes but is not limited to the referral of other appropriate allied health care professionals, for any injury/illness that may occur while this individual is participating in camp activities. Any expense arising from injury is the responsibility of the person signing below.

I hereby authorize the staff of Randolph-Macon College to provide any care or medical treatment as deemed necessary to my minor son,

(Print Name): _____

I understand that the consent & authorization herein granted does not include major surgical procedures and are valid only during camp. Please list below any medications currently being taken or any allergies and/or medical conditions that might restrict this individual from participating in any camp activities:

If the participant has a medical condition that could require medicine during participation, it is the responsibility of the participant to supply this medicine daily (i.e. Asthma Inhaler).

I, the undersigned parent/guardian, certify that I have ensured that the participant has engaged in a sound nutritional diet which includes both hydration and food consumption, both before and after camp participation.

Date: _____

Emergency Phone: _____

Signed [Parent/Guardian]: _____