



WEDNESDAY NIGHT LIGHTS PROSPECT CAMP

JULY 8TH, 6:30 – 9:00 PM

GRADES 9 - 12

\$25/CAMPER

REGISTRATION/PAYMENT OPTIONS

ONLINE: RMCFOOTBALLCAMPS.COM
 MAIL-IN: 103 E. PATRICK ST.
 ASHLAND, VA 23005

CHECK-IN & CONTACT INFORMATION

CHECK IN: JULY 8TH, 4:30 – 6:00 PM DAY FIELD
 CONTACT: PHIL NICOLAIDES (804)752-3602
 PHILNICOLAIDES@RMC.EDU

**ALL CHECKS PAYABLE TO: PEDRO ARRUZA
 PLEASE REGISTER IN ADVANCE TO SECURE YOUR SPOT**

**WALK-UPS WILL BE ACCEPTED, BUT ONLY UNTIL THE
 CAMP ROSTER LIMIT IS REACHED (NO GUARANTEES)**

NAME: _____

HIGH SCHOOL: _____

YEAR IN SCHOOL (2020-2021) 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**

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: _____ **Parent Signature:** _____ **Emergency Phone:** _____