

2019 NASSAU COUNTY FOOTBALL SHOWCASE

**Registration Form: Mail check in the amount of \$100 payable to Champion PT
If 6 players or more attend from the same high school the cost will be \$80 per player
1600 Stewart Avenue Suite 110
Westbury, New York 11590**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E Mail: _____ DOB: ____ / ____ / ____ Age: _____

Home Phone: _____ Mobile: _____

High School: _____ Graduation Year: _____

SAT Score: Math _____ Reading _____ GPA: _____ Height: _____ Weight: _____

Offensive Position: _____ Defensive Position: _____

Special Teams Position: _____ Athletic Achievements: _____

Parental Release

I authorize the staff of the Nassau Skills Camp Showcase to use their best judgment in allowing my child to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action. Please be advised that it is imperative that your child be in good health arriving at the camp/showcase. The duties of camp personnel cannot include providing medical care for campers arriving at the camp/showcase with pre-existing condition.

I hereby: 1. Certify that to the best of my knowledge, the medical information is complete and correct. 2. Agree to assume all risks of personal injury rising from participation in this camp, understanding that sport does involve the potential for injury. 3. Agree not to bring suit against NCHSFA Football High School Showcase case for any injury sustained. 4. Agree not to hold the staff responsible for any injury sustained. 5. Agree to allow the camp director to use sound judgment in obtaining necessary medical care, at the expense of the parent. 6. Agree to accept any decision made by the camp/showcase in terminating attendance due to unacceptable behavior.

Medical Form

Childs Name: _____ Parent/Guardian: _____

Address: _____ Home Phone: _____

An alternative contact person that can be contacted in case of an emergency is:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Please list any allergies, illnesses or injuries in the past year or if you take medications on a daily basis: _____

Signed: (Parent/Guardian) _____

ABSOLUTELY NO REFUNDS AFTER MAY 17, 2019