

BINGHAM FOOTBALL

CEU Football Camp Registration

Student's Name _____ Grade: _____

Height: _____ Weight: _____ Offense: _____ Defense: _____

Father's Name _____ Mother's Name _____

Parent's Address _____

City, State, & Zip _____

Home Telephone _____ Parent Cell _____

In case parents cannot be reached, please call:

Name _____

Phone _____

Does your child have any health problems that require special consideration? Yes ___ No ___
If yes, please explain briefly on the back of this form.

Family Physician _____ Physician's Phone _____

If the above physician is not available, may we call another? Yes ___ No ___

Insurance Company _____

Policy Number _____

The College of Eastern Utah does not carry an accident health insurance policy on participants. A participant's parent or guardian is responsible for cost incurred as a result of an accident or injury. Participants at the camp will be involved in strenuous physical activity. CEU and Bingham High School will not be held responsible or liable for an accident or injury to a participant unless there is negligence on our part.

"I have read and understand the information on this form. I accept financial responsibility for all accident or injury-related costs which are not covered by my health and/or accident insurance."

Student's Signature

Parent's Signature

Date