

**WEST DEPTFORD  
HIGH SCHOOL**

West Deptford, NJ

June 21, 22, 23

Helmet & Shoulder Pads

**\$125**

**NATIONAL  
OFFENSIVE**

**Team Football Camps  
2019**

Helmet & Shoulder Pads

[www.offensivecamps.com](http://www.offensivecamps.com)

Our 32nd Year!



**2019 REGISTRATION FORM**

NAME (LAST) \_\_\_\_\_

(FIRST) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

EMAIL ADDRESS (PARENT) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE (FALL '19) \_\_\_\_\_

COACH \_\_\_\_\_

CAMP LOCATION \_\_\_\_\_

RESTRICTIONS ON PARTICIPATION \_\_\_\_\_

**2019 PARENTAL RELEASE**

This form must be completed in **FULL**, including signature of Parent or Guardian and mailed with registration form. Campers **WILL NOT BE ALLOWED** to participate without the **COMPLETED** Parental Release Form.

I, \_\_\_\_\_ give permission for

(Parent or Guardian)

\_\_\_\_\_ to attend and participate in

(Name of Camper)

The National Wing-T Football Camp at \_\_\_\_\_ H.S.

(Camp Location)

from \_\_\_\_\_ to \_\_\_\_\_, 2019.

(Dates of Camp)

I authorize the staff of the camp 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 WHEN ARRIVING AT CAMP. THE DUTIES OF CAMP PERSONNEL CAN NOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT CAMP WITH A PRE-EXISTING CONDITION.**

I hereby:

- certify that, to the best of my knowledge, the medical information is complete and correct.
- agree to assume all risk of personal injury arising from participation in this camp, under standing that **this sport does involve the potential for injury.**
- agree not to hold the staff responsible for any injury sustained during camp participation.
- agree not to bring suit against Eastern Sports Camps, Inc. or its staff for any injury sustained.
- agree to allow the Camp Director to use sound judgment in obtaining necessary medical care, at the expense of the parent.
- agree to accept any decisions made by the Camp Director in terminating attendance, due to unacceptable behavior.

I, \_\_\_\_\_ can be reached by phone at:

(DAY) \_\_\_\_\_

(EVE) \_\_\_\_\_

An emergency/alternative contact person is: \_\_\_\_\_

He/She can be reached by phone at:

(DAY) \_\_\_\_\_

(EVE) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Num- \_\_\_\_\_

ber \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

(Signature of Parent or Guardian)

(Date)

**FOR MORE INFORMATION CONTACT:**

**JASON MORRELL**

Head Coach

West Deptford High School

609-505-0279

[jmorrell@wdeptford.k12.nj.us](mailto:jmorrell@wdeptford.k12.nj.us)

**CLYDE FOLSOM**

Former Head Coach

West Deptford High School

856-952-4727

[cfolsom@wdeptford.k12.nj.us](mailto:cfolsom@wdeptford.k12.nj.us)

**SEND PAYMENT OF \$125 TO:**

**EASTERN SPORTS CAMPS, INC.**

23 Water Lily Way

Newtown, PA 18940

Tel: (609) 213-6896 Fax: (215) 860-4226



**Camp fee of \$125 includes  
Instruction and T-shirt.**



**\*Campers Should Bring  
Drinks and Lunch\***

**[www.offensivecamps.com](http://www.offensivecamps.com)**

**[www.wingtcamps.com](http://www.wingtcamps.com)**