

ENROLLMENT LIMITED-APPLY EARLY! TRI-STATE LINEMEN'S CAMP APPLICATION

RESIDENT ~~COMMITTEE~~ ROOMMATE CHOICE _____ T-Shirt Size (Circle One) M L XL XXL

NAME _____ I WILL BE COMING AS AN INDIVIDUAL
 PART OF A TEAM

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FOOTBALL POSITION _____ GRADE IN FALL _____ HT. _____ WT. _____

COACH'S NAME _____ SCHOOL _____

HOME PHONE (____) _____ PARENT'S BUSINESS PHONE (____) _____

I HEREBY AUTHORIZE THE DIRECTOR AND EMPLOYEES OF TRI-STATE LINEMEN'S CAMP TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION AND I HEREBY WAIVE AND RELEASE THE CAMP FROM ALL LIABILITY FOR ANY INJURIES AND ILLNESSES INCURRED WHILE AT CAMP. I WILL BE RESPONSIBLE FOR ANY MEDICAL OR OTHER CHARGES IN CONNECTION WITH MY SON'S ATTENDANCE AT CAMP.

SIGNATURE _____ COVERED BY _____ POLICY NUMBER _____

MAKE CHECK PAYABLE TO: TRI-STATE LINEMEN'S CAMP. MAIL APPLICATION WITH A \$50.00 NON-REFUNDABLE DEPOSIT TO: Scott Browning, Director, Linemen's Camp, Edinboro University, 455 Scotland Road, Edinboro, PA 16444