Application

2010 CTYFL Cheer Camp

Sat. / Sun., Aug. 14 + 15, 9:00 am – 4:00 pm

Rocky Hill High School, 50 Chapin Ave., Rocky Hill, CT 06067

_____ _____ _____

First Name Last Name Date of Birth

_____ _____ _____

Name of Town Football/Cheerleading Team: Squad (A,B,C or Mites) School/Grade in Fall 2010

_____ _____CT _____

Mailing Address City/Town State Zip Code

_____ _____ _____ _____

Parent/Guardian #1 Relationship to Player Phone # Email:

_____ _____ _____ _____

Parent/Guardian #2 Relationship to Player Phone # Email:

_____

Email Address for Parent / Guardian:

_____ _____ _____

Emergency Contact Name (Other than parent or guardian), Relationship Phone Number

_____

Medical Coverage Policy NumberMedical Insurance Company and Agent

_____ _____ _____

Emergency Contact Physician Name Phone Number

_____

Medical Conditions:

All camp applicants must be registered players of a town football/cheerleading team that is a member of CTYFL.

Two day camp $50 for CTYFL Cheerleaders*, (Best Cheer Camp's reg. price: $90)*, (Price includes lunch for both days.)

50% Deposit required to register. Balance due <u>on</u> or <u>before</u> Sat., Aug 14.

Make checks payable to: CTYFL

Deposit: $_____(50% min.) Balance: $_____

T-Shirt Size: Child _____ or Adult_____