

PRESTON FOOTBALL CAMP  
TENAHA TIGER STADIUM  
TENAHA, TEXAS  
JUNE 3, 2017

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Position: Offense: \_\_\_\_\_ Defense: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

**THE COST OF THE ONE DAY CAMP IS \$ 40.00 AND MUST BE PAID ON OR BEFORE JUNE 3RD.**

**I HEREBY REGISTER MY CHILD FOR THE ABOVE CAMP AND AUTHORIZE THE STAFF TO DIRECT HIM/HER IN PARTICIPATION IN CAMP ACTIVITIES. MY CHILD HAS NO MEDICAL OR EMOTIONAL PROBLEM, AND THE CAMP STAFF IS AUTHORIZED TO ATTEND TO ANY HEALTH PROBLEMS OR INJURY THAT MY CHILD MAY INCUR WHILE ATTENDING THE CAMP. I FURTHER ACKNOWLEDGE THAT THE PRESTON SPORTS CAMP WILL NOT BE LIABLE FOR ANY LIABILITY FROM INJURIES OR ILLNESS SUSTAINED AT THE CAMP.**

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**Signature of Parent/Guardian**

**IS THE PARTICIPANT COVERED BY INSURANCE? IF SO:**

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

**Make Checks or Money Orders Payable to:  
Dwight Preston Football Camp**

**Any Questions:  
Dwight Preston  
PO Box 1462  
Center, Texas 75935  
936-598-2470**