

**WEST DEPTFORD
HIGH SCHOOL**

West Deptford, NJ

June 26, 27, 28

Helmet & Shoulder Pads

\$135

**NATIONAL
OFFENSIVE**
Team Football Camps
2023

www.offensivecamps.com

Helmet & Shoulder Pads

Our 36th Year!



2023 REGISTRATION FORM

NAME (LAST) _____

(FIRST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

EMERGENCY PHONE _____

EMAIL ADDRESS (PARENT) _____

SCHOOL _____ GRADE (FALL '23) _____

COACH _____

CAMP LOCATION: WEST DEPTFORD HIGH SCHOOL

RESTRICTIONS ON PARTICIPATION _____

2023 PARENTAL RELEASE

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

I, _____ give permission for
(Parent or Guardian)
_____ to attend and participate in
(Name of Camper)

**NATIONAL TEAM FOOTBALL CAMP
WEST DEPTFORD HIGH SCHOOL
JUNE 26 - 28, 2023**

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:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that **this sport does involve the potential for injury.**
3. agree not to hold the staff responsible for any injury sustained during camp participation.
4. agree not to bring suit against Eastern Sports Camps, Inc. or its staff for any injury sustained.
5. agree to allow the Camp Director to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. 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 Number _____

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

CLYDE FOLSOM

Former Head Coach

West Deptford High School

856-952-4727

coachfolsom55@gmail.com

SEND PAYMENT OF \$135 TO:
EASTERN SPORTS CAMPS, INC.
23 Water Lily Way
Newtown, PA 18940



**Camp fee of \$135 includes
Instruction and T-shirt**



**Campers Need To Bring
Drinks and Lunch**