

# Prescriptive Fitness Football/Baseball Camp

## Summer Camp Application

Cost for Football and Baseball Camp **\$175 per camp**  
Speed and Agility Clinic **\$125 per person**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/zip \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Emergency Contact# \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Instructed by Pro Athletes &  
College Coaches

Location: **James J Harris YMCA**

June 15-18 **Football Camp**  
ages 7-15 9am –12pm

June 22 **Baseball Camp**  
ages 7-15yrs old 9am-12pm

June 22 **Speed and Agility Camp**  
ages 9-18yrs old 4pm-5pm



### Parent Consent Form

I, (parent/guardian or adult athlete) having been informed of the above designated activity sponsored by the Prescriptive Fitness do herewith request that said person be accepted as a participant in said activity. In permitting the athlete to participate, I am Specifically granting my permission to Prescriptive Fitness to use the likeness, name, voice and words in television, radio, film, newspaper, magazine and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of the Prescriptive Fitness. If a medical emergency should arise during the athlete's participation in any Prescriptive Fitness activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Prescriptive Fitness on my behalf, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization, which Prescriptive Fitness deems advisable in order to protect the athlete's health and well-being. I, the undersigned, am parent, guardian, athlete (own guardian), of the below specified person. I have read and fully understand the provisions of the above release and have explained them to the participant. I hereby agree that said participant and I will be bound thereby and shall defend Prescriptive Fitness, Harris YMCA, staff and hold you harmless for any disaffirmation thereof by said participant.

I hereby give my permission for \_\_\_\_\_ to participate in any Prescriptive Fitness sport camps and clinics in 2009.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Method of Payment

Check amount paid \_\_\_\_\_

Credit Card # \_\_\_\_\_

### Contact Information:

704-716-6874

Ask for EJ or Paul Sklar