

# 2020 Vermont Football Camps Enrollment Application

To register please complete this application and mail it along with a \$50.00 non-refundable deposit per camp selected or full payment to: **Chadde Wolf, Executive Director, VT All-Star Football Camps | 75 Mansfield Lane | Berlin, VT 05641.** You will receive a confirmation letter detailing all important issues regarding your participation in the camps. Please retain the letter for your records as it represents your official camp notification. Cancellations received after start of session will forfeit all payments.

### Please check each camp for which you are enrolling.

Questions call 802-229-9653 or Register On-Line @ vtfootballcamps.com

Week Long Football Camp Tuition Charges:	One day QB/Rec. Clinic Tuition Charges:	<b>Attend both the QB/WR Clinic and the Week Long Camp and you save 15%.</b>
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Enroll on or before January 31:	\$150.00	\$50.00	\$170.00
Enroll between February 1 and April 30:	\$175.00	\$75.00	\$212.50
Enroll between May 1 and June 30:	\$200.00	\$100.00	\$255.00
Enroll after June 30 or "at the Door"	\$225.00	\$125.00	\$297.50

**No multi-camp discount "at the door."**

Southern VT Football Camp: July 13-17, 2020  
*Rutland High School, Rutland, VT*

Southern VT QB/Rec Clinic: Sunday July 12, 2020  
*Rutland High School, Rutland, VT*

Northern VT Football Camp: July 20-24, 2020  
*South Burlington High School, South Burlington, VT*

Northern VT QB/Rec Clinic: Sunday July 19, 2020  
*South Burlington High School, South Burlington, VT*

### Vermont Football Camps "Pro-Style" Combine

*All Combines are run from 3pm-4:30pm on Thursday of your camp week.*

*Results of your eight tests will be summarized and presented to you and college coaches that are at camp and offered to other colleges.*

Southern VT Camp Thurs July 16, 2020

Northern VT Camp; Thurs July 23, 2020

**Cost: \$50.00**

No multi-camp discounts or sibling discounts

Are you a repeat Camper? \_\_\_\_\_

Preferred Adult T-shirt Size \_\_\_\_\_

Personal Information: Name: \_\_\_\_\_ Gender \_\_\_\_\_

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

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

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Football Information: School/Team: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Grade entering in the Fall: \_\_\_\_\_ # Yrs. playing football \_\_\_\_\_

*Please circle the Primary Offensive and Defensive Position that you play*

**OFFENSE:** QB RB WR TE OL      **DEFENSE:** DB OSLB ISLB DE DL

Medical Information: D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Any Medical Conditions or concerns our athletic trainer needs to be aware of? \_\_\_\_\_

Group Insurance Name: \_\_\_\_\_

Policy #/ Subscriber ID #: \_\_\_\_\_ Group: \_\_\_\_\_

**Parental Release Form & Waiver of Liability Information:** *My son/daughter, \_\_\_\_\_, has had a physical exam within the last two years and is physically fit to participate. I authorize the event athletic trainer to act on my behalf according to his/her best judgement (including immediate medical attention and/or transportation to an area medical facility) in the event of any emergency and I cannot be contacted. I also authorize the hospital medical personnel to act on my behalf in the event of any emergency requiring transport to a medical facility and I cannot be contacted. Furthermore, I understand that participation in the sport of football carries inherent risk of physical injury. I furthermore agree to absolve Vermont All-Star Football Camps, independent contractors, the high school or college upon whose property the events are held of any liability resulting from injury, catastrophic, death or other distress incurred while participation in the chosen event.*

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Signature of Parent or Guardian