



Name: _____ Email: _____

Parent or Guardian's Name: _____

Phone: Home: (____) _____ Cell:(____) _____ Work:
(____) _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

School (currently attend): _____

DOB: _____ Age: ____ Grade _____ Gender: _____ Race:

Adult T-shirt size (circle one): S M L XL 2X 3X

Please Select ONLY ONE Offensive and Defensive Position

Offense ____: Line ____ Tight End ____ Receiver ____ Running Back: ____
Quarterback: ____

Defense: Line ____ Linebacker ____ Secondary ____

Specialist: Kicker ____ Returner ____

Registration Fee

Special needs, i.e. physical, dietary, etc:

Registration Fee \$10 **Total enclosed: \$** _____

Make check payable to: 360 Football Academy

Mail to: 360 Football Academy * 3535 Peachtree Road suite 520-641 * Atlanta,
GA 30326

MEDICAL INFORMATION FORM

Name of Registrant: _____ Social Security# _____
Full Address: _____
Emergency Contact & Phone: _____ (____) _____
Health Insurance Provider: _____ Group Policy #: _____
Family Physician: _____ Phone: (____) _____
Family Dentist: _____ Phone: (____) _____
Health Concerns: _____
Allergies (food, nature, drugs): _____

List Medications required during camp or event

Name of Medication Dosage/Delivery Reason

Medications will be kept in a secure, locked location. The camp nurse or director will administer as directed.

Y N - I give permission for my child to be given Tylenol, Benadryl or other minor medication as needed.

Describe any behavioral or emotional problems that your child has that may affect his or her stay at camp or the event _____

I understand that all reasonable safety precautions will be taken at all times by the 360 Football Academy and event staff. I have completed the information to the best of my knowledge. In giving my child permission to attend the event(s) indicated, I release the 360 Football Academy, leaders and camp staff from liability for damages, losses, disease, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form will be contacted. I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child. **By signing below I also understand that the 360 Football Academy may use photographs of my child for promotional purposes. At no time will his or her name or address will be identified unless specifically requested and approved.**

Parent/Legal Guardian Signature _____

Date _____

Witness _____

Date _____

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Atlanta, GA 30326