



Performance Enhancement 2009 Football Camp

July 20 – 24 8 AM – 3 PM
Ages 7 – 14
Cost - \$195

<u>Participant's Name</u>		<u>Birthdate</u>	<u>Position</u>
Last	First	MM/DD/YY	

Snack (\$3/day): M T W Th F \$ _____

Lunch (\$5/day): M T W Th F \$ _____

Total Amount Due: \$ _____ (\$195 + Snack + Lunch)

Payment Method: Cash Check (Payable to DST) # _____ Visa MasterCard

Credit Card # _____ Exp. Date _____

Cardholder's Name _____ Security Code _____

Mother/Guardian (last, first): _____ Address: _____ Phone: (h) _____ (w) _____ (c) _____ e-Mail(s): _____ Add to e-Mailing List? Yes No	Father/Guardian (last, first): _____ Address: _____ Phone: (h) _____ (w) _____ (c) _____ e-Mail(s): _____ Add to e-Mailing List? Yes No
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Emergency Contact: _____ Relationship: _____ Phone # (during session hrs): _____

Health Insurance Co./Policy #: _____ Allergies: _____

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for a specific activity, I am acknowledging that I understand the possible risks involved with this type of activity. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.

Signature (signed by Parent if under 18): _____ Date: _____

Printed Name: _____

My Child(ren)'s name or image may appear in Diamond Sports Training promotional materials:	Yes	No
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***This is a NON-CONTACT camp. Please wear tennis shoes!**

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www.DiamondSportsTraining.com