



CAMPER APPLICATION

PLAYER'S NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE #:

EMAIL ADDRESS:

SCHOOL:

HS Graduating Class:

Birth date:

MEDICAL INFO & AUTHORIZATION:

"By signing my name below I warrant that I am in good physical condition and able to participate in all physical activities of the camp. I have no impediment or condition, which would limit participation in physical activities. I recognize that by participating, there is risk of injury to myself. I hereby waive, release, and forever hold harmless and agree to indemnify The Chris Boniol Kicking Camp, Chris Boniol, Christine Boniol individually, Catholic High School and St. Vincent Academy Holdings Corporation, Alexandria Senior High School, Lewisville ISD, Conroe ISD, Louisiana State University, Lake Travis ISD, North Little Rock School District, Bushland ISD, Liberty Christian School, College Station ISD, Alamo Heights ISD, Schertz-Cibolo-Universal City ISD, Liberty Christian School, University of Texas at Arlington, Louisiana College, and those respective counties or parishes, all volunteer staff members, sponsors and/or employees from any and all liability for injury to myself or other claims that may arise from participation in The Chris Boniol Kicking Camp. In the event of injury, which in the judgment of the camp director, requires medical attention, and a parent or legal guardian cannot be reached at the emergency phone number indicated below, I hereby grant permission to the health care provider including but no way of limitation, injection, anesthesia or surgery for the prior named applicant."

Signature of Applicant (if over 18 years):

Known Allergies:

Signature of Parent/Legal Guardian:

Emergency Phone Number: