South Mississippi Wing-T Camp

PLAYER REGISTRATION FORM

PEARL RIVER COMMUNITY COLLEGE JUNE 17th - JUNE 20th 2024



www.southmswingt.com South MS Wing-T Camp



SMWingT



smwingt

			SOUTH	M12213	SSIPPI
PLAYER NAME:			w	ING-T CAM	P
AGE: GRADE IN FA	LL: T-S	HIRT SIZE:	POR	PLARVILLE, MISSISS	IPPI
ADDRESS:	CITY:		STATE:	ZIP:	
HOME PHONE					
OFFENSIVE POSITION: (Check One)	RB FB	QB	WR	OL	TE
SCHOOL: _					
		TION: \$160			
	DEPOS	IT: \$50			

PLEASE MAKE CHECKS PAYABLE TO SOUTH MISSISSIPPI WING-T CAMP

RETURN FORMS, CASH/CHECKS TO LANCE MANCUSO

7807 HWY 35 BASSFIELD, MISSISSIPPI 39421

EMERGENCY INFORMATION				
Emergency Contact:	PHONE:			
Family Physician:				
Medical Conditions:				
ALL PLAYERS MUST PROVIDE A COPY OF YOU Medical Insurance Company:				
Insurance Policy Number: Medical Insurance Phone Number:				

RELEASE STATEMENT

The sports camps have adopted the following procedures for caring for your child when he/she becomes sick or injured while attending camp: (1) The camp will call home first. If there is no answer, (2) the camp will call the mother's, father's, or guardian's place of employment. If there is no answer, (3) the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4) Based on the medical judgment of the attending physician, the child may be admitted to a local medical facility. (5) The camp will continue to call the parents, guardians or physician until one is reached. If one cannot be reached and the camp authorities have followed the procedure described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery, and diagnostic procedure, or administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature:	Date: