

TODD GRAHAM FOOTBALL CAMP

AT THE UNIVERSITY OF TULSA REGISTRATION FORM

Make Money Order/ Checks Payable to: **Todd Graham Football Camp**

Name _____
Parent's _____
Address _____
City _____ State _____ Zip _____ email _____
Mobile # _____ Home Phone # _____
Age _____ 2010-2011 Grade _____
Offensive Position _____ Defensive Position _____
High School _____

TEAM CAMP \$190 per camper

Session 1: June 1 – 3 (Small)

Session 3: June 10– 12 (Large/Small)

Session 2: June 7 – 9 (Large)

I hereby state that the Tulsa Football Camp is not responsible for any pre-existing injury or recurrence of any undisclosed injury or illness of the above camper. I also authorize the directors of the Todd Graham Football Camp to act for me according to their best judgment in any emergency requiring medical attention. I further acknowledge that TU or anyone else associated with the Tulsa Football Camp will not be liable for any damage from injury or illness sustained at the Tulsa Football Camp.

Signature of Parent or Guardian _____

Insurance Company _____

Policy Number _____

PHYSICAL FITNESS STATEMENT

I hereby certify that I have examined _____
and found him physically fit to participate in all activities at the Tulsa Football Camp.

Physician _____ Date Examined _____

FOR MORE INFORMATION VISIT OUR WEBSITE AT WWW.TULSAHURRICANE.COM OR CONTACT
TAMMI SINCLAIR tammi-sinclair@utulsa.edu OFFICE: 918-631-2393 FAX: 918-631-2127.

This camp is an independent commercial enterprise and is not sponsored by The University of Tulsa.