

**Philip Rivers QB/WR Camp  
@ St. Michael Catholic High School  
11732 Higbee Road  
Fairhope, AL 36532**

**June 30, 2018  
9:00 AM – 12:00 PM**

**Registration begins at 8:30 AM**

Participant: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Statement:

I hereby give my consent for my child to participate in the Philip Rivers QB/WR Camp at St. Michael Catholic High School. I also release Philip Rivers, all camp workers, St. Michael Catholic High School, and the Archdiocese of Mobile from any and all liability for personal injury arising from my child's participation in the program. If at any time it is necessary for the player to receive outside medical attention, I hereby give my consent to the program to secure the services and arrange transportation if deemed necessary. I am also aware that I will be responsible for any and all medical expenses resulting from sickness or injury during the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_