

Clinic Registration

Name _____ Age _____ Birth Date _____ Phone No. _____

Home Address _____ City _____ State _____ Zip _____

School Next Year _____ School Phone No. _____

Shirt Size: M L XL XXL Weight _____ lbs. Position(s) _____

In case of emergency: Name _____ Relationship _____ Phone No. _____

Medical History: _____

(MUST SUPPLY COPY OF PHYSICAL EXAM LESS THAN ONE YEAR OLD)

I hereby authorize the staff of the Dennis Johnson Football Clinic to act for me accordingly in their best judgement in any emergency requiring medical attention. I waive and release Dennis Johnson and the staff of the Dennis Johnson Clinic from any and all liability for injuries or illness occurring while at the clinic. I have no knowledge of any physical impairments that would be affected by the above clinic programs outlined in this flyer. I understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at the clinic.

Parent or Guardian Signature _____ Date _____

Please make checks payable to Dennis Johnson Football Clinic and return forms to:
Dennis Johnson, 771 Allin Drive, Harrodsburg, KY 40330.