

**APPLICATION FORM**  
**BISHOP KELLY YOUTH FOOTBALL CAMPS 2010**

**BK**

**KNIGHTS**

**PERSONAL INFO**

1. Name: \_\_\_\_\_

**Camps:**

- Youth Contact \$100 - June 8-9-10 9:00am – 12:30pm Grades 4-8
- Youth Combine \$25 - July 13-14 7:00pm- 9:00pm Grades 4-8
- QB/ REC Skills and Leadership \$60 - July 20-21-22 7:00-9:30pm Ages 10-15  
(Please check which camp attending)

2. School: \_\_\_\_\_

3. Grade you will enter in Fall 2010 \_\_\_\_\_

4. Position(s): Offense \_\_\_\_\_ Defense \_\_\_\_\_

5. E-Mail (VERY IMPORTANT): \_\_\_\_\_

6. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Phone Numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

8. Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE AGREEMENT**

The accidental medical insurance provided by Bishop Kelly Football Camp is an excess policy. Insurance will pay for the covered expenses incurred, which are in excess of those payable by other valid collectable individual and group insurance.

The undersigned has read and understands the terms and conditions of the Accidental Medical Expense insurance provided by the Bishop Kelly Youth Football Camps. I hereby authorize the camp staff to act for me in case of emergency and waive and release the camp from any and all liability for any injuries incurred while at camp.

9. Parent or Guardian Signature/Date \_\_\_\_\_

Please make checks payable to **BK FOOTBALL**

**Payments should be mailed to:**

C/O Lee Leslie  
Bishop Kelly High School  
7009 Franklin Rd.  
Boise, Idaho 83709

Contact Lew Chumich at 861-3019 or Email [lchumich@mindspring.com](mailto:lchumich@mindspring.com)