



TFBC The Football Boot Camp est. 2004

2010 APPLICATION FOR ADMISSION TO THE FOOTBALL BOOT CAMP

Part 1. Athlete Information

Name: _____

Address: _____ City, State, Zip: _____

Phone: (H) _____ (C) _____ Date of Birth: _____

Grade as of June 2010: _____ E-mail: _____

Shirt Size (Adult Only): SM MED LG XL Offensive Position: _____

Defensive Position: _____ Football Weaknesses: _____

Part 2. Choose Session

Session One: Feb 14 - APR 3, 2010 (Inside @ Athletic Evolution) 10:00 AM to 1:00 PM
Athletic Evolution, 78c Olympia Avenue, Woburn, MA 01801 (www.athletic-evolution.com)

OR

Session Two: APR 18- JUN 27, 2010 (Outside @ Malden Catholic) 9:00 AM to 11:00 AM
Malden Catholic H.S., 99 Crystal Street, Malden, MA 02148 (www.maldencatholic.org)

Part 3. Choose Payment: (Each Session is \$145.00) or (Family of 2 is \$250.00)

Option One: Pay by Check
\$145.00 Individual or \$250 Family of 2
Payable To: The Football Boot Camp

Option Two : Credit Card
Please Circle One Credit card above



Mail to: Coach Tony D'Aurora
The Football Boot Camp
60 Revere Road
Woburn, MA 01801-5356

Name on credit card: _____

Credit Card Number: _____

Expiration Date (MM/YYYY): _____

Security Code (last three digits in back of card on swipe): _____

I hereby authorize The Football Boot Camp to charge my credit card above.

\$145.00 Individual
 \$250.00 Family of 2

Signature: _____

The Football Boot Camp
60 Revere Road
Woburn, MA 01801-5356
www.thefootballbootcamp.com

Coach Rich Tarby
Cell: 781-697-7589
coach.tarby@verizon.net

Coach Tony D'Aurora
Cell: 617-834-8737
anthony.daurora@verizon.net



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Part 4. Permission

I hereby give permission for _____ to participate in the "Football Boot Camp Program". In case of emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I give permission to the attending training staff to render treatment to the participant, including hospitalization. Any expense arising from injury is the responsibility of the person signing below.

I agree to indemnify and hold harmless the staff of "Football Boot Camp", Athletic Evolution and Malden Catholic High School, its agents and employees, from and all liability in connection with these activities.

Please list any physical conditions that the staff should be aware of (allergies, recurring illnesses, disabilities, chronic illness, asthma etc.

List Conditions: _____

All players must submit a copy of their most recent physical dated with-in the past year. Only physically unable to participate refunds will be returned (Doctor Note required).

Signature of Parent/Guardian

Date

Emergency Notification: _____ Tel: () _____

Cell Phone () _____ 2nd Contact () _____

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