2021 South Mississippi Wing-T Camp Player Registration Form
Pearl River Community College
June 17th- June 20th

Student Name: _____ Age: _____ Grade in Fall: _____ T-Shirt Size: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Emergency Phone: _____

Offensive Position (Circle One): **RB FB QB WR OL TE** School: _____

CAMP TUITION: $155 ***$50 Deposit*** ***FINAL PAYMENT: June 17th***

PLEASE MAKE CHECKS PAYABLE TO SOUTH MISSISSIPPI WING-T CAMP.

RETURN APPLICATIONS AND CASH/CHECK TO COACH LANCE MANCUSO.

7807 Hwy 35

Bassfield, MS 39421

EMERGENCY INFORMATION

STUDENTS SSN: _____

Mother's Name: _____ Day Phone: _____ Employer:_____

Father's Name: _____ Day Phone: _____ Employer: _____

Emergency Contact: _____ Phone: _____ Phone: _____

Family Physician: _____

Allergies: _____

Medical Conditions: _____

ALL PLAYERS MUST PROVIDE A COPY OF YOUR CURRENT PHYSICAL ON FILE TO THE CAMP Medical Insurance

Company: _____ Policy #: _____ Medical Insurance Phone Number:

_____

RELEASE STATEMENT

The sports camps have adopted the following procedures for caring for your child when he/she becomes sick or injured while attending camp: (1) The camp will call home first. If no answer, (2) the camp will call the mother's, father's, or guardian's place of employment. If there is no answer, (3) the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4) Based on the medical judgment of the attending physician, the child may be admitted to a local medical facility. (5) The camp will continue to call the parents, guardians or physician until one is reached. If one cannot be reached and the camp authorities have followed the procedure described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery, and diagnostic procedure, or administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____