



WEST BROOK BRUIN FOOTBALL CAMP 2019 APPLICATION Please **PRINT** and **COMPLETELY** fill out then **MAIL** this form with you **CHECK** or **Pay On the Day Camp**

Camper: _____

Address: _____

City: _____ ZIP: _____ Home Phone: _____ Grade for 2019-2020 _____ Position _____ Date of Birth _____ Choose a

Youth Size (if applicable): Med _____ Lrg _____ Choose an Adult Size (if applicable): Sm _____ Med _____ Lrg _____ XL _____ XXL _____ XXXL _____ Enclosed Check #: _____

Amount of Check: _____ ****Make checks payable to: West Brook Football**** Mail to: West Brook High School Attn: Eric Peevey 8750 Phelan Blvd Beaumont, Tx 77706

MEDICAL INFORMATION Any medical conditions or medications we should be aware of:

____ Physician: _____ Physician's Phone #:

____ Name of Policy

Holder _____ Name of Insurance

Company _____ Policy #: _____ In case of emergency

contact: _____ Phone #: _____ I hereby grant my

permission for my child to attend the West Brook Football Camp. I certify that he/she is physically fit for all camp activities, and in case of injury, illness, or accident he/she may be treated by licensed physician. I release

Beaumont ISD, all staff, and employees associated herewith from any liability and financial responsibility for personal injury arising during applicant's participation in Football Camp. Parent/Guardian Signature:

_____ Date: _____

