



# 2010 Danny Rocco Football Camp

June 20-23, 2010

## OFFICIAL REGISTRATION FORM

Full Name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Camper's E-mail: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Emergency Name & Phone #: \_\_\_\_\_  
 High School: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Entering Grade: \_\_\_\_\_ Age (as of 6/1/10): \_\_\_\_\_

	<b>ONE DAY</b>
Commuter	Overnight
	Monday 6/21/10
	Tuesday 6/22/10

ROOMMATE REQUEST (Deadline June 1, 2010): \_\_\_\_\_

T-Shirt Size (pick one)

Medium	Large	X-Large
XX-Large	XXX-Large	

**OFFENSIVE POSITION** (pick one):

Quarterback

Running Back

Center

Tackle

Guard

Tight End

Wide Receiver

**DEFENSIVE POSITION** (pick one):

Cornerback

Safety

Linebacker

Tackle

End

**SPECIALIST:**

Punter/Kicker

Long Snapper



**(Non-refundable \$100 deposit due by May 31, 2010)**

The balance of payment is due June 21, 2010. All unpaid balances after the due date may be paid in cash at registration. Camp includes room, board, medical attention, instruction and camp shirt. Campers room in University dormitories and are supervised by on-site resident counselors. Signing this document indicates I have read all Rules/Regulations; Medical/Health & Payment/Registration information provided and hereby release the Danny Rocco Football Camp, and Liberty University, it's officers, employees and agents from any and all liability arising out of an injury or illness my child incurs while participating in camp activities. I understand the rigorous athletic activity in which he/she will be involved. I understand the participation is voluntary and choose freely to have my child participate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

**Complete & Return To:**

Liberty University  
 Danny Rocco FB Camp  
 1971 University Blvd  
 Lynchburg, VA 24502