

# Coach Gandy's Football Camp

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Position:  QB  WR  RB

Medical Conditions that will affect training: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent Signature \_\_\_\_\_

