

MICHAEL **AGENT 90** JOHNSON

Michael Johnson is a highly respected player in the NFL as well as the communities in which he lives. He returned to the Cincinnati Bengals after only a year with the Tampa Bay Buccaneers. Michael takes great pride in his ability to pay it forward by investing in Selma.

Football and Cheer Registration Fee: \$20.00
Registration Deadline: Friday, April 15, 2016

Late Registration: \$25.00

Registration is limited to 300 kids. First come, first serve. Early registration is encouraged. Check-in begins at 8:30 for the morning group and 12:30 for the afternoon group.

PLEASE NOTE THAT THE GIRLS WILL HAVE A MORNING SESSION ONLY.

Boys	Age 8-12	9am - 11am
Girls	Ages 8-17	9am-12only
Boys	Ages 13-17	1pm-3pm

Boys Camp Basic Football Fundamentals
 Girls: Cheer, Dance & Twirling

Please detach the completed registration form and mail it along with the registration fee of \$20.00 per child. **Make check or money orders payable to "Michael Johnson Youth Football Camp"** and mail to:

Michael Johnson Youth Football Camp

P. O. Box 522
 Selma, AL 36702-0522
 (334) 419-3544
 thoms93bengal@gmail.com



Please cut here

7th Annual Michael Johnson Youth Football and Cheer Camp 2016 Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Cell: (____) _____

Email: _____

Circle one: (Male/Female) DOB: ____/____/____ Age: ____

School: _____ Grade: _____

Any allergies/Name: _____

Quarterback Running Back Wide Receiver Linebacker Defense Back
 Fullback Offensive Lineman Defensive Lineman Kicker

Check One (included): Youth T-Shirt Size S M L XL
 Adult T-Shirt Size S M L XL 2X 3X

Additional T-Shirt Prices: (\$10) Youth T-Shirt Size S M L XL
 Please add quantities (\$12) Adult T-Shirt Size L XL 2X 3X

What to wear? Boys: **T- Shirt** **Shorts** **Cleats**
 Girls: **T- Shirt** **Shorts** **Flexible shoes**

*** (No earrings, bracelets, or studs. No Jeans. Hair pinned up)

What not to bring:



PARENT or GUARDIAN INFORMATION

Parent or Guardian Name: _____

Daytime Cell Number#: (____) _____ Emer#: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Person Bringing Camper to Program: _____

Name of Person Picking up Camper: _____

Signature of Person or Guardian: _____

MEDICAL RELEASE AND PHOTO WAIVER FORM

I, the undersigned parent or guardian, submit that my son or daughter is physically fit to participate in strenuous athletic activity and is able to participate in the Michael Johnson Youth Football and Cheer Camp. In consideration of my child's entry being accepted, I intend to be legally bound, and do hereby for myself, my heirs, executors, waive and release all rights and claims for damages which may or herein after accrue me against Michael Johnson, the Michael Johnson Youth Football and Cheer Camp, and his/their affiliate, heirs, or assigns, including, but not necessarily limited to, Memorial Stadium in Selma, Alabama, City of Selma, Recreation Department, volunteers and sponsors if the event which I am entering, subsidiary or division thereof, of their respective officers, agents, directors, representatives, successors, assigns, administrators, employees, trustees, and sponsors for any damages or injuries, which may be sustained and suffered by child in connection with entry or participation in the Michael Johnson Youth Football and Cheer Camp If my child should suffer injury or illness, I authorize camp officials to use their discretion to have any child transported to a medical facility and I take responsibility for these actions. I attest and certify that my child is physically fit and is sufficiently conditioned for this camp, I hereby grant full permission to any photography, videotapes, motion pictures, recording for any record of this event for any purpose.

Epi-pen: Does your child require an epi pen to treat an allergy? **Y/N** . If so please speak with the Athletic Trainer at registration. **Asthma:** Does your child use an inhaler for asthma? **Y/N** If yes my child has been instructed to carry their inhaler to ALL camp activities. Initial _____

_____ Please initial that you have read and understand the above information.

Purpose: to enable parents and coaches to authorize the provision of emergency treatment for children who become ill or injured while attending camp, when parents or guardians cannot be reached.

Parent or Guardian

Date



Emergency Contact Number

See it First... Vision of Success!

APRIL 16



7th ANNUAL

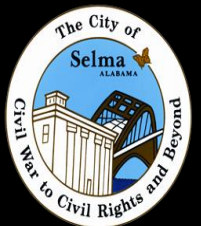
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AGENT

MICHAEL

JOHNSON



FOOTBALL & CHEER CAMP



MEMORIAL STADIUM

108 W. DALLAS AVENUE SELMA, AL 36701

Register online today:

www.mj93.org

