

Position (check one):  QB  RB  WR  TE  OL  DL  LB  DB

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Entering Grade as of 08/2018 \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Coach: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Insured D.O.B. \_\_\_\_\_

Insured Social Security /ID #: \_\_\_\_\_ Group# \_\_\_\_\_

PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE FOLLOWING  
RELEASE IN ORDER TO REGISTER AND ATTEND THE PRO FOOTBALL COMBINE CAMP

**Liability Release and Assumption of Risk Disclaimer**

*(Please read thoroughly and sign)*

In consideration of PFC at NICHOLLS (PFC) allowing my child or ward to participate in its football camp, I understand that my son must have current and active medical insurance before he can attend camp. I hereby register my son for the PFC and authorize the staff to direct him in participation in camp activities. My son has no medical or emotional problems which may affect his ability to safely participate in your program. In the event of injury, I authorize the PFC and its athletic training staff to obtain and/or administer any medical care or treatment deemed necessary. I understand that there are inherent risks associated with sports activity and that neither I nor my son will hold the PFCC Foundation liable for any injuries sustained at the camp. Additionally, I give my permission to utilize any video or photos that may include my child or myself for any commercial use that the PFC chooses to utilize to promote the football camp. By signing this, I verify that I have read and accepted all administrative policies and refund conditions as set forth by the PFC at NICHOLLS that are stipulated on the website and/or in the brochure.

Signature of Participant's Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to: **Pro Football Combine Camp** (\$35 NSF Fee)(Non-Refundable). Return application, registration fee, and copy of insurance card to:

PFC at NICHOLLS  
c/o Ortho LA  
PO BOX 28  
THIBODAUX, LA 70302-0028

Registration Fee: \$50.00  
Registration will go through the day of camp.

FOR INQUIRIES, PLEASE CALL 985.625.2200 ext. 3208