



BUCCANEER SENIOR PROSPECT CAMP



Date/Time: July 24th 12:30pm to 5:30pm
Where: Registration begins at 11:00 at CSU Fieldhouse



Cost: Register before July 5 \$30.00 Per Player
Register July 5 or after \$40.00 Per Player
Ages: 12th Grade Boys



Why: Develop your skills to play at the next level. Compete against top quality competition at your position. Receive the highest level of coaching and instruction.



Registration Form

Name _____

School _____

Address _____

City _____, State _____, Zip _____

Cell # _____ Home # _____ Emergency Contact Person _____

D.O.B _____ Email _____



Camp you will be attending? **BUCCANEER SENIOR PROSPECT CAMP**

Position _____ T-Shirt size _____

Note: Please make all checks out to **“Buccaneer Football Camp”**

Insurance

All campers will be provided only excess insurance coverage after your insurance policy has been utilized. Our Athletic Training Staff will be involved in every session.

Insurance Company _____ Policy # _____

Parent/Guardian _____

Waiver and Release: In consideration of my application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages, which I may have or which my hereafter accrue to me against Charleston Southern University or the football camp, or its or their respective officers, agents, reps, successors, and/or assigns, for any or all damages which may be sustained or suffered by me in connection with my association with or participation in, and for all damages which may be sustained or suffered by me in connection with or participation in, and for rising out of my travel to or return from said Football Camp to be participated in on the campus of CSU, I the parent or guardian, do hereby agree to the above waiver and release.

Signature of Parent/Guardian _____ Date _____

If you have any questions regarding camp please contact Coach Gabe Giardina at ggiardina@csuniv.edu or call 843-863-7126

Send Registration back to:
Charleston Southern University
Football Camp
9200 University Blvd.
Charleston, SC 29423

Office Use Only

Date Received _____ Amount Received _____ Check # _____

PLEASE FEEL FREE TO MAKE COPIES OF THIS FORM