



PACIFIC ISLAND COUNCIL OF OREGON YOUTH FOOTBALL CAMP REGISTRATION FORM

PLAYER'S NAME: _____

AGE: _____ GRADE: _____

SCHOOL: _____

T-SHIRT SIZE: S M L XL XXL
(FB CAMPS ONLY, NOT BB CLINICS)

PARENT NAME: _____

ADDRESS: _____

DAY PHONE: _____

HOME PHONE: _____

EMAIL: _____

In case of emergency, please contact:

NAME: _____

PHONE: _____

RELATIONSHIP
TO CHILD: _____

TO REGISTER BY MAIL PLEASE PRINT THIS FORM,
ENTER YOUR ORDER, THEN MAIL YOUR ORDER
WITH PAYMENT TO:

ISLAND SPORTS & ATHLETICS

2336 SE 24th

503-680-1905

Portland, OR 97214

info@picocamp.com • www.picocamp.com

This is to certify that the above-named child has had a physical examination by a licensed physician within the last six (6) months and is free from any illnesses, injuries, or conditions which could inhibit the child from activities of the camp. I will notify coaches of any physical conditions that may inhibit play.

I hereby release the Pacific Island Council of Oregon, its staff and sponsors from any and all liability (present and/or future) for injuries that may be incurred by my child while participating in camp activities.

X _____

(Signature of parent or guardian)

EVENT	COST	ITEM TOTAL
FOOTBALL PICO INSTRUCTIONAL CAMP: JULY 12-16, 2010, 12-3 PM	@ \$130.00	
FOOTBALL BIG MAN CAMP FOR MIDDLE SCHOOL: JULY 6-7, 2010, 9-11:30 AM	@ \$80.00	CANCELLED FOR 2010
ACE SALU'S PICO BASKETBALL CLINICS APR-JUNE '10 MONTHLY	@ \$130.00	
DONATE TO HELP SPONSOR A CHILD'S CAMP FEES, ANY AMOUNT IS APPRECIATED!	\$.00	
	TOTAL	

PAY BY CHECK \$125.00

WE LIKE TO TAKE PICTURES! IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED FOR OUR WEBSITE AND FUTURE PROMOTIONAL MATERIALS, PLEASE CHECK THE BOX.

NOTE: CAMP FEES WILL NOT BE REFUNDED OR PRO-RATED.