



Kellen and Kirby Moore at BSU

REGISTRATION \$90:

Player Name: _____ Grade in Fall: _____

PARENTS NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL #: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

T-SHIRT SIZE:

S M L XL

Kellen Moore Passing Academy
Sponsored by:



† BOMBER FOOTBALL †

Registration Payments are final, due to administrative reasons NO REFUNDS will be give.

INSURANCE INFORMATION:

Participants are required to have health insurance coverage for injury and/or accident to enroll in the Kellen Moore Passing Academy sponsored by Bomber Football.

I verify that (participant) _____ has medical insurance with:
Company Name _____ Policy Number: _____

Which effectively covers any medical cost incurred as a result of participation in the Bomber Youth Football Camp. I authorize the Richland Bomber Football staff to seek any necessary emergency medical treatment my child may need during the course of the Camp.

As the parent/legal guardian of _____ I acknowledge the potential risk of injury associated with participation in the Bomber Youth Football Camp and assumes all risks and hazards incidental to the conduct of the camp activities.

Parent/Legal Guardian Signature: _____ Date: _____

Register at www.kellenmooreqb.com

KE11ENMOORE PASSING ACADEMY