

# Rockford RAMS Kicking & Punting Camp

July 16-18

Make checks payable to:  
Rockford Football

Send to:  
Coach Ledbetter  
3458 Knollwood NE  
Rockford, MI 49341  
(616) 866-2608

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_

School: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Camp #(s) Planning to Attend: \_\_\_\_\_

Circle the position(s) for instruction during the camp:

Kicker    Punter

## Parental Authorization and Release:

My child has permission to attend the *Top Recruit Punting and Kicking Camp*. I have enclosed a \$50 non-refundable check with the balance due 7 days prior to the start of the camp. If injuries occur during the *Top Recruit Punting and Kicking Camp*, I hereby release the *Top Recruit Punting and Kicking Camp*, its staff, and the host institution from all claims due to injuries sustained by my child.

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Parent or Guardian's Name (Please Print)

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Parent or Guardian's Signature