

# Home of the "Fighting Eagles"



*Navajo Preparatory School*  
1220 W. Apache St Farmington, NM 87401  
Phone: (505) 326-6571 Fax: (505) 325-9158  
Athletic Director: Rainy Crisp  
rcrisp@navajoprep.com



## Navajo Prep Sports Camp July 11-14, 2018

Circle Sport:      Football      Cross Country      Girls Soccer      Volleyball

Athlete Name: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Athlete Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact besides Parents: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical History of Athlete:

Relevant Emergency Medical History (asthma, allergies to medication, previous history of seizures, heart or kidney disease, etc.) \_\_\_\_\_

By signing below, I verify that: a) I have no physical impairments that might put myself or others in danger by my participation in sports activities; b) I will abide by all Navajo Prep Inc. regulations regarding my participation; and c) if I become injured in the course of my participation and am unable to seek treatment for myself, I hereby give permission for emergency medical treatment to be sought for me by representatives of Navajo Preparatory School.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date