

Derek Anderson's Skill Camp
Player Information

Players Info:

Name:

Age:

Grade:

T-Shirt Size:

Strength:

Weakness:

What most would you like to get better at for the next season?

Medical History:

List the last 2 years of any injuries:

Any injuries that will keep camper from going full speed:

Person of Contact for Emergency:

Disclaimer: By signing this form, I acknowledge that Doss High School, Loyalty Media Group, KHSAA, and Mr. Derek Anderson will not be responsible for any injuries on or around the Doss facilities during the Skills camp of August 1st thru 3rd.

Please fill out and send back via email or fax to address below along with Check.

Loyalty Media Group
9700 Park Plaza Avenue
Suite 208
Louisville Ky 40241-2287
Fax: 502-292-5358

Signature: _____

Date: _____