

# Barton Football Academy (T-12 Sports) Registration

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

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

(Used to send future Camp schedules)

(DOB) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ HS Graduation Date: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

School attending \_\_\_\_\_

Positions you play: (offensive) \_\_\_\_\_

(defensive) \_\_\_\_\_

Camp you are signing up for: \_\_\_\_\_

Location of Camp: \_\_\_\_\_

Date(s) of the Camp: \_\_\_\_\_ Time: AM / PM

Number of sessions: \_\_\_\_\_ Payment: \$ \_\_\_\_\_

Players must fill out this registration form and an annual Parent-Athlete Football Participation Statement and Medical Emergency Authorization Form – please bring this paperwork with your payment on the first day of camp. Quarterbacks **must** bring their own football.

Please mail your information to:

Barton Football Academy (T-12 Sports LLC)  
195 NE Gilman Blvd Suite 200  
Issaquah, WA 98027

**Checks are made out to: T-12 Sports LLC**

Barton Football Academy (T-12 Sports LLC) 195 NE Gilman Blvd Suite 200 Issaquah, WA 98027