

**2009 ISAAQuarterback / Receiver Camp
Chestnut hill Academy**

WHEN: Saturday & Sunday May 16th & 17
FROM: 10: 00 am to 4:00 pm Campers are to bring cleats
AGES: This Camp will be for athletes entering the 6th- 12th grades.
COST: \$75 per Camper (current physical exam are needed to participate)
PURPOSE: To develop throwing, receiving skills.

REGISTRATION INFORMATION: Fill out application from below, include the \$15.00 registration fee and mail to
Please make check's payable to

**QB/WR camp
International Student Athlete Academy
4160 Monument Ave Suite # 112
Philadelphia, PA 19131**

Please pre register by May 4 to help us make staff arrangements. For more information call
Antowine Graham at 215 266 6206

Name _____

Grade Athlete will be entering next year: _____

Parents: _____

Address _____

Home Phone _____ Cell _____

In case of emergency call _____ phone _____

T- Shirt size (circle one) S M L XL

WAIVER OF LIABILITY:

I, as a parent or guardian. Hereby give my permission for my child

_____ to participate in the ISAA QB-WR Camp scheduled to be held
at Chestnut hill School. I acknowledge the he is physically able to participate in all camp activities that have
been described in the information sheet I hereby release and forever discharge Chestnut hill School and
ISAA its employees, agent and contractors in both their public and private capacities from any and all
liability. Claims, suits, damages or causes of action whatsoever for any property damage or personal injury
sustained by my child that may arise in connection with the camp activity. I also give my permission for any
emergency medical care that may be required as a result of injury. I have also read and accept the terms of
the refund policy.

Parent/Guardian Name _____ date _____ phone: home/cell/work _____

For more information, please visit <http://www.ISAAINC.COM>