

2008 BRIAN LEONARD FOOTBALL CAMP ATHLETIC TRAINER APPLICATION

(PLEASE PRINT CLEARLY)

I am a Certified Athletic Trainer

Name: _____

Other Name(s) Used: _____

Sex: _____ Date of Birth: ____ / ____ / ____

SSN: _____ - _____ - _____

Home address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Email address: _____ Preferred T-Shirt Size: _____

Athletic Trainer Experience

Please list the schools where you have athletic training experience starting with the most recent position. List the full name (high school, college, university). If you list any college experience, please specify which division.

SCHOOL	LEVEL	POSITION	DATE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reference: Please list a head athletic trainer you worked for that we may contact:

Name: _____ Position: _____

Name of School: _____ Phone: _____

NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

Have you ever been arrested and/or convicted of a felony or misdemeanor, or are you under investigation with respect to such conduct? If yes, explain

I am hereby advised that a criminal background check will be requested by Elite Camp Services, and I authorize the procurement of these reports and understand that it will contain information about my background, character, general reputation, mode of living, and job performance. I hereby release, Elite Camp Services and Excell Investigations, their officers, agents, and employees from any liability arising from the preparation of this report or investigations relating thereto. This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, and law enforcement agencies to release such information without restriction or qualification to Excell Investigations and any of its officers, agents, and employees.

By signing this application, I hereby verify that the information provided is true and correct and agree to make arrangements to be present for the entire camp.

I understand that I am not officially on staff for camp until I receive an acceptance letter in the mail.

SIGNATURE _____ **DATE** _____

Mail To:
Elite Camp Services
P.O. Box 1229
Toms River, N.J. 08754
732-597-3126 (Phone)

Or Fax To:
732-270-1870