

# FORMS MUST BE FILLED OUT IN ENTIRETY FOR PARTICIPATION

## Oregon State University Sports Camp Parental/Guardian Release and Information

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parent or legal guardian. Campers will NOT BE ALLOWED to participate without completion of this form. Separate forms are needed for each camp.

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Camp \_\_\_\_\_ Date(s) of Camp \_\_\_\_\_

### MEDICAL INFORMATION

Any known Allergies, Illnesses, Injuries, or Disabilities: \_\_\_\_\_

Medications Camper will bring: \_\_\_\_\_

Participant's Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number: \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

### PARENTAL/GUARDIAN RELEASE

- I hereby:
1. Give permission to the above named camper to attend and participate in the Oregon State University (OSU) Sports Camp referenced above.
  2. Give permission to the camp staff to render preventative, first aid or emergency treatment or all of the foregoing, necessary to camper's health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the camp staff to notify the designated emergency contacts as soon as possible. If camp staff is unable to communicate with me, the treatment deemed necessary for camper's health and well-being may be given.
  3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude camper's participation in camp activities.
  4. Agree to assume all risk arising from camper's participation in camp activities, including but not limited to any activities that may present risk of bodily injury.
  5. Agree to save, hold harmless, discharge and release OSU for any and all liability, claims, costs of action, damages or demands in connection with camper participation in camp activities including transportation to, at, or from camp activities.
  6. Understand that any medical expenses for Camper's health and well-being will be the responsibility of the parent/guardian.
  7. Agree to accept any decisions made by the Camp Director in the termination of camp attendance due to unacceptable or unsafe behavior and agree to forfeit reimbursement of any camp fees and pay any associated costs relative to the decision.
  8. Authorize the camp staff to administer medications to my child (as prescribed by physician) as indicated on this form.
  9. Certify that I am the camper's parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependant, I have read the above Parental Guardian Release and Information. I understand the contents of this Parental Guardian Release and Information, assent to its terms and conditions, and sign it of my own free act.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

## OREGON STATE UNIVERSITY FOOTBALL CAMP

### HELMET WARNING AND CARE / AWARENESS AND RISK FORM

**WARNING - NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL.** Do not use your helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such use can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear.

**NO HELMET CAN PREVENT ALL SUCH INJURIES. YOUR HELMET IS NOT A WEAPON; IT IS FOR YOUR PROTECTION.** It is suggested that everyday before practice you perform the following 5-step check of your helmet.

1. Inspect helmet of obvious cracks, loose parts, or damaged cells or pads. Does it hold air?
2. Check the crown by pulling down on the helmet to make sure it doesn't slide over your eyes.
3. Grasp face mask and turn helmet side-to-side. Be sure skin wrinkles and that helmet doesn't just spin.
4. Check that jaw pads touch cheeks and that ear holes align with ears.
5. Check that the chinstrap is centered and snug. Check to see if snaps hold well.

Report to practice with ALL protective equipment as designated for that practice. This includes mouthpieces, tail pads, hip pads, etc. Any one not properly dressed will be excused from practice until proper equipment is obtained. The entire coaching staff will enforce this rule.

**REPORT ANY PROBLEMS IMMEDIATELY TO EQUIPMENT ROOM OR ATHLETIC TRAINER.** In the interest of fellow team members, it is asked that you leave an injured player on the ground. **DO NOT** help others up unless you are sure that are OK.

### AWARENESS AND RISK FORM

In consideration for the opportunity to participate in the OSU Football Camp, I voluntarily agree to assume all risks involved in my child's participation in the Football Camp and all related activities. I understand that if I allow my child to participate, my child may be exposed to risks of personal injury and/or death and property damage or loss including, but not limited to: the following serious back and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my child's body, general health and well being. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that OSU cannot specifically anticipate and list here.

### Release of Liability:

I release the state of Oregon, Oregon State University, any subdivision or unit of (OSU), its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses that I or my child may sustain as a result of my child's participation in the OSU Football Camp. My child's participation includes, but is not limited to, travel to and from the camps in a private or public vehicle, and any activity connected with the camps themselves, and while using state equipment or facilities for the event whether on or off OSU property.

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances. I am satisfied that my child can safely participate in this event. I am aware that this document is a contract with OSU. I certify by my signature below that I am this child's parent or legal guardian. I sign this document freely and voluntarily.

Participant (Print) \_\_\_\_\_ Parent/Legal Guardian (Print) \_\_\_\_\_

Participant (Sign) \_\_\_\_\_ Parent/Legal Guardian (Sign) \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



**Register Online at**  
**www.oregonstatefootballcamps.com**

# FOOTBALL CAMP APPLICATION

Enrollment is limited to grades 6 through 11 (you cannot have started 12th grade)

**COSTS: (Check one)**

**Individual Resident**

\$300 Resident Camper

**\*Team Resident**

- \$285 Team 20-39 (5% off)
- \$270 Team 40-59 (10% off)
- \$255 Team 60+ (15% off)

**Day Campers**

- \$200 Individual Day Camper
- \$180 Day Camper Team 40+ (10% off)  
(includes lunch & dinner)

**\* Check with your coach or team organizer for proper team rate.**

The Parent Release, Medical and Surgical Treatment Authorization & Health Statement, the Helmet Warning and Care Form and the Agreement to Participate/Awareness of Risk Form must be completed and on file before a camper will be allowed to participate.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade entering Fall 2009 \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Primary Position \_\_\_\_\_ Second Position \_\_\_\_\_

I would like to room with (full name) \_\_\_\_\_

**Questions? Please call 800-333-3655**



*Send \$100 deposit and application to:*

Oregon State Football Camp  
 325 Valley Football Center  
 Corvallis, OR 97331

Make check or money order (no cash) payable to **O.S.U. Football Camp**.

**Cancellations:** \$300 less a \$50 administration fee, will be refunded for cancellations before June 5, 2009. After June 5, 2009, refunds less a \$100 administration fee will be made for medical reasons with a physician's letter. **Once camp begins, refunds will be given for medical reasons only.**

All credit card transactions must be done online at [www.oregonstatefootballcamps.com](http://www.oregonstatefootballcamps.com)

MasterCard or VISA acceptable. For Canadian residents, only cashier's checks or money orders in US Funds are acceptable.

**NO CAMPER WILL BE ADMITTED TO CAMP UNLESS ALL FORMS ARE COMPLETED, SIGNED AND RETURNED TO CAMP PRIOR TO REGISTRATION.**