

Youngstown State University 2016 Summer Football Camp Registration Form

Name (please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email address: _____

School Attending in 2016: _____ Grade (Fall 2016): _____

Head Football Coach: _____

Parent/Guardian's Name: _____

Birthdate: _____ Height: _____ Weight: _____

Choose the position you want to play in camp: (choose only one)

Offense: OL QB RB WR TE Defense: DB LB DL

Student-Athlete Conduct Agreement

While at attending, I promise to conform to all regulations of the Youngstown State University Summer Football Camp.

Camper Signature: _____ Date: _____

OL/DL SKILLS CAMP

Sat, June 4 (Gr. 9 -12).....\$70

ONE-DAY ALL-SKILLS CAMP

Tue, June 7 (Gr. 9 -12).....\$50

ONE-DAY ALL-SKILLS CAMP

Thur, June 9 (Gr. 9 -12).....\$50

DAYTON SATELLITE CAMP

Wed, June 15 (Gr. 9 -12).....\$50

COLUMBUS SATELLITE CAMP

Thurs, June 16 (Gr. 9 -12).....\$50

QB/WR/TE SKILLS CAMP

Sat, June 18 (Gr. 9 -12).....\$70

McfADDEN/WILKINS CAMP

Tues, June 21 (Gr. 9 -12).....\$70

MONDAY NIGHT FOOTBALL CAMP

Mon, July 25 (Gr. 11 -12).....\$50

Please make checks payable to: **YSU Football Camp**

Note: Credit card purchases can be processed online at www.penguinscamps.com

**Youngstown State University
Summer Football Camp
Parent Waiver and Release Form**

Camper's Name: _____

Parent's Medical Insurance Carrier _____

Insurance Group Number: _____

Insurance Policy Number: _____

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the Youngstown State University Summer Football camp held at Youngstown State University ("University"):

In consideration for _____ being allowed to participate in said camp, it is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the camper and his/her parents and/or legal guardian as indicated by the signature hereto. I hereby certify that the above named camper is physically able to participate in the camp and that I know of no physical impairments which would in any manner limit his/her participation in the camp.

I, for myself, and on behalf of my child, hereby release, waive and discharge UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost it may incur due to my child's participation in said activity in any way whether caused by the UNIVERSITY or otherwise. I also certify that I am the legal parent or guardian of the above named camper and have full right to provide this release.

In the event of illness or injury resulting or arising directly or indirectly out of participation in the camp, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible.

Parent/Guardian Signature _____

Parent/Guardian Name _____

Date _____

List any physical conditions that camp staff should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.)

List of conditions: _____