

2011 YSU Football Camps Registration Form:

YOUNGSTOWN
S T A T E

Register Online at Penguinscamps.com

O-LINE/D-LINE Skills Camp

☐ June 4 • \$35

One-Day All Position Camp

☐ June 6 • \$30

☐ June 7 • \$30

☐ June 8 • \$30

☐ June 9 • \$30

☐ June 10 • \$30

QB/WR/TE Skills Camp

☐ June 13 • \$50

McFADDEN/WILKINS Kicking Camp

☐ June 20 • \$45

Total Amount: \$ _____

☐ Check (Payable to: YSU Football Camp)

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

Return Registration Form and Parent Waiver/Release To:

YSU Football Office 2011 Football Camp • One University Plaza • Youngstown, OH 44555

Camper's Name _____ Grade (Fall '11) _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ High School _____

Camper's Email _____

Student-Athlete Conduct Agreement

While at Youngstown State University, I promise to conform to all regulations of the YSU Skills Camp.

Camper Signature _____ Date _____

Parent Waiver and Release Form

Parent's Medical Insurance Carrier: _____

Insurance Group #: _____ Insurance Policy #: _____

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 Camp held at Youngstown State University (collectively referred to as "UNIVERSITY"):

In consideration for _____ being allowed to participate in said activity, 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 program.

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 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 said activity, 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. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian Signature _____

Parent/Guardian Name _____ Date _____

For more information contact the YSU Football Office at (330) 941-3478
or email Director of Summer Camps Carrmen Bricillo at cjbricillo@ysu.edu
All camps held at Stambaugh Stadium on the YSU campus.