

2012 OREGON FOOTBALL KICKING/SNAPPING CAMP
JUNE 16, 2012

CONTACT INFORMATION

First Name: _____ Last Name: _____
Email: _____
Home Address: _____

City: _____ State: _____ ZIP: _____
Primary Phone: ____-____-____ Secondary Phone: ____-____-____
Mother's Name: _____ Father's Name: _____
Birth date: _____ Grade as of 09/12: _____ Height: _____ Weight: _____
High School: _____
Position (check one) P PK LS

Insurance Information (must be completed in full)
Campers must have active health insurance to participate.

Medical Insurance Company: _____
Insurance Policy #: _____
Group #: _____
I.D. #: _____

PAYMENT INFORMATION

DAY CAMPER:
\$100.00

Please make *check or money order payable to: **Oregon Football Kicking Camp**
(*All checks returned NSF will be assessed a \$30 fee)

PAYMENT METHOD (check one):

Check Money Order Visa Mastercard

Cardholder's Name: _____
Credit Card Number: # _____ 3 Digit Code on Back: _____
Expiration Date: _____ Today's Date: _____
Signature: _____
Total Amount Enclosed \$ \$100

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UNIVERSITY OF OREGON
ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

In consideration of my child (name) _____ being permitted to participate in 2012 Oregon Football Kicking Camp (hereby referred to as: Camp) on 6/16, 2012, I acknowledge and accept the risks inherent in the Camp as set forth below. I understand that my child's participation in the Camp is completely voluntary.

Assumption of Risk: Participation in the Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one Camp to another, but the risks range from minor injuries such as cuts and sprains, to major injuries such as broken bones and joint or back injuries, to catastrophic injuries including paralysis and death.

I certify that there are no health-related reasons or problems that preclude or restrict my child's participation in the Camp. I certify that my child has had a physical in the last 12 months and is fit to participate in the Camp.

All Camp participants are required to have, and provide proof of, medical insurance. Secondary Health Insurance is provided to all Camp participants to assist in any medical expense that are incurred as a direct result of an injury arising from Camp activities.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery for my child. I understand that I shall be financially responsible for any such medical treatment. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment.

I release the State of Oregon, the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from any and all liability and expense in any way resulting from, related to, or arising out of my child's participation in the Camp, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever. I agree to hold the same harmless against any and all claims, liability and expense in any way resulting from, related to, or arising out of the Camp.

I have read and understand the above provisions and agree to be bound by them.

Parent/Guardian Signature

Date

Unless checked no here _____ NO

I hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Camp and my child's participation in the Camp and to use his/her image, voice and /or likeness for educational and promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

RETURN APPLICATION WITH PAYMENT

*Make CHECK or MONEY ORDER payable to: **OREGON FOOTBALL KICKING/SNAPPING CAMP***

MAIL TO:

OREGON FOOTBALL KICKING CAMP
2727 Leo Harris Parkway
Eugene, Oregon 97401