

**2010 OREGON FOOTBALL KICKING CAMP**  
**EARLY BIRD APPLICATION**

**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Secondary Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade as of 09/10: \_\_\_\_\_ 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 Company Address: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_  
I.D. #: \_\_\_\_\_

**PAYMENT INFORMATION**

**INDIVIDUAL CAMPER:**  
\$75.00

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 \$ \_\_\_\_\_ \$75

**2010 OREGON FOOTBALL KICKING CAMP**  
**EARLY BIRD APPLICATION**

**PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE  
FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE OREGON FOOTBALL KICKING CAMP.**

**Liability Release and Assumption of Risk Disclaimer**  
*(Please read thoroughly and sign)*

In consideration of OREGON FOOTBALL KICKING CAMP, allowing my child or ward to participate in its 2010 kicking camp:

(1) **RELEASE FROM LIABILITY:** I hereby waive, release, and discharge any and all claims for damages for death or personal injury which I or my child or ward (a.k.a. the "participant") may have, or may hereafter accrue to me, the participant, the participant's personal representative or heirs as a result of his participation in said camp.

(2) **ASSUMPTION OF RISK:** I understand that serious accidents occasionally occur during participation in the sport of football, and that people playing, practicing, or training in preparation to participate in the sport of football occasionally sustain mortal or serious personal injuries as a consequence.

Knowing the risks of football, I hereby agree to assume all of those risks and to release and hold harmless OREGON FOOTBALL CAMP, and its officers, directors, independent contractors, agents, and employees, who, through negligence or carelessness, might otherwise be liable to me, the participant or his/her heirs or personal representative for damages. I make this assumption of risk on behalf of the participant as well as on my own behalf, and the participant acknowledges and agrees to this assumption by his/her signature below.

(3) **SEVERABILITY:** Any provision of the LIABILITY RELEASE AND ASSUMPTION OF RISK that is adjudged invalid or unenforceable shall be ineffective to the extent of such invalidity or unenforceability without rendering invalid or unenforceable the remaining provision of this LIABILITY RELEASE AND ASSUMPTION OF RISK.

(4) **OREGON LAW:** This LIABILITY RELEASE AND ASSUMPTION OF RISK and all resulting rights and duties of the parties hereto shall be governed as to validity, enforcement, construction, effect, and in all other respects by the local law of the State of Oregon. As used herein, the phrase "local law" means the whole law of Oregon, excluding statutes and decisions dealing with the rules of conflict of laws. I understand that my son must have current and active medical insurance before he can attend camp. Our personal medical insurance will be considered primary coverage and the Oregon Football Camp insurance will serve as secondary coverage. I hereby register my son for the Oregon Football Camp and authorize the staff to direct him in participation in camp activities. My son has no medical or emotional problems that may affect his ability to safely participate in your program. In the event of injury, I authorize the Oregon Football Camp and its Athletic Training Staff to obtain/or administer any medical care or treatment deemed necessary. Neither I, nor my son will hold the Oregon Football Camp liable for any injuries while my son is at the camp.

(5) Additionally, I give my permission to utilize any video or photos that may include my child or myself for any commercial use that the Oregon Football Camp chooses to utilize to promote the football camp.

By signing this, I verify that I have read and accepted all administrative policies and refund conditions as set forth by the Oregon Football Camp that are stipulated on the website and/or in the brochure.

Signature of Participant's Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant's Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant's Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(if different from above)*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN APPLICATION (no later than 6/01/09) WITH PAYMENT  
Make CHECK or MONEY ORDER payable to: **OREGON FOOTBALL KICKING CAMP**

MAIL TO:

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