

Bruce Cobleigh's Wing T Football Camp Registration Form

Circle session
that you are
attending:

Session #1- La Grange CollegeJune 17-19, 2007.

Session #2- Concordia UniversityJune 29-July-1, 2007.



To be completed by parent or Guardian, type or print in ink only

School Name: _____

Coach's Name: _____ Coach's Phone: (_____) _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: (_____) _____ Fax Phone: (_____) _____

Player Name: _____ Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Work Phone: (_____) _____

* Enroll applicant as a Resident Camper at \$225.00 Commuter Camper at \$125.00

Person to contact if unable to reach parents: _____

Relationship: _____ Phone Number: (_____) _____

Payment Information:

Check for: \$ (make payable to "Glazier Clinics") Purchase Order #: _____

Pay credit card (check ONE!)   

Name: _____

Card #: _____

Exp. Date: _____

Amount: \$

Signature: _____

(Check here if you need a confirmation...include email address)

email: _____

Mail:

Frank Glazier Football Clinics
PO BOX 63673
Colorado Springs, CO 80962-3673

A \$50.00 Cash Deposit will be collected at Check-in. It will be returned if there is no damage to your room and you return your key. Campers assume full responsibility for damage to their room by filling out this form and signing it. Any damage to your room above \$50.00 will be directly billed to your home.

**** If a fire alarm is pulled on your floor, every room loses their deposit. ****

No refunds will be given for failure to show up for camp

Cancellation/Refund Policy: If you do not notify Bruce Cobleigh Wing-T Camps in writing at least one week before the start of the camp there will be no refund. There will be NO EXCEPTIONS. A \$100.00 service charge will be applied to all cancellations for overnight campers and \$50.00 for commuters.

All refund checks will be mailed at the end of August.

**BRUCE COBLEIGH'S WING T FOOTBALL CAMPS
AUTHORIZATIONS, WAIVER AND RELEASE FORM**

For Minor Participants

WAIVER & RELEASE

Release – Minor’s Rights:

In consideration of Bruce Cobleigh's Wing T Football Camps (BCWT) allowing

_____ (“Minor Participant”) to participate in the Camp, I, the undersigned Parent/Guardian, hereby release and hold harmless BCWT, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the Camp.

Release – Parents’/Guardians’ Rights:

In consideration of BCWT allowing Minor Participant to participate in the Camp, I, the undersigned Parent/Guardian, hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the Camp.

Indemnification by Parent/Guardian:

In consideration of BCWT allowing Minor Participant to participate in the Camp, I, the undersigned Parent/Guardian, agree to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s participation in the Camp.

Parent/Guardian’s Signature _____

Printed Name _____

Date _____ Relationship _____

Emergency Medical Treatment:

In case of a medical emergency, I give BCWT and their medical training staffs my permission to perform or to sign for any medical assistance, which may be deemed necessary.

Parent/Guardian’s Signature _____

Printed Name _____

Date _____ Relationship _____

Bruce Cobleigh's Wing T Football Camp Health Information Sheet

Name	Age		
Address	City	State	Zip
Home Phone	Work Phone		

Parental Signature _____
(This is a permit for care while at camp)

Person to contact if unable to reach parents _____

Relationship _____ **Phone Number** _____

Medical Information

Please respond to all questions below:

1. Do you have Diabetes? _____ If yes, give insulin dosage _____
2. Do you have Epilepsy? _____ If yes, give medication _____
3. Do you have Heart Disease? _____ If yes, please explain _____

4. Any other health problems? _____ If yes, please explain _____

5. Are you allergic to any medications? ____ If so, what _____

6. Are you allergic to insect stings? ____ If so, what does your doctor recommend _____

7. Date of last Tetanus Shot _____
(must be within 10 years)

Health Insurance Provider: _____

Policy#: _____

Name of Insured: _____

Personal Physician: _____ **Phone Number:** _____

Name of Sponsor or Chaperone (if attending camp): _____