

Desmond Bishop

Youth Football Camp

2011

APPLICATION

CAMPER INFORMATION

CAMPER'S LAST NAME FIRST MI

ADDRESS: STREET CITY

STATE ZIP CELL PHONE HOME PHONE

SCHOOL (FULL NAME)/GRADE IN FALL '11

T-SHIRT SIZE HEIGHT WEIGHT DOB

EMAIL ADDRESS – This will be how you receive confirmation and all additional camp information.

Offensive Position (circle one) OL TE RB WR QB

Defensive Position (circle one) DL LB DB

CAMP SESSION

INSTRUCTIONAL CAMP

Ages 8-13 (8am-12N) Ages 14-17 (1pm-5pm)

July 9th Fairfield HS, 205 E. Atlantic Ave., Fairfield, CA 94533

Lunch— FREE

Please send your application to:

Desmond Bishop Youth Football Camp

3069 Alamo Drive, Box #138, Vacaville, CA 95687

For more information, email us at: penult62025@mypacks.net

CAMPER INFORMATION

I, the undersigned, individually and as parent and guardian of _____, a minor, agree that my child may participate in the Desmond Bishop Football Camp ("Camp"). In consideration for permitting my child to so participate, I do hereby agree to full release, discharge and hold harmless Desmond Bishop, individually, the Camp, and Listed High School Locations, including all managers, coaches, organizers, sponsors, supervisors, employees or contractors, from any and all liability for any and all injuries my child may incur during the participation in the Camp. I understand that my execution of this Release is a pre-condition to my child's acceptance and participation in the Camp. I do hereby further agree to indemnify and hold harmless Desmond Bishop, individually, and the Camp, including all managers, coaches, organizers, sponsors, supervisors, employees or contractors in any action arising out of participation of my child in the Camp.

MEDICAL TREATMENT AUTHORIZATION

In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I give my permission to any attending physician and medical service

personnel to tender medical treatment to my child, _____, including (if necessary) hospitalization. I understand further that any expense arising from injury shall be my responsibility. I hereby authorize the staff of the Camp to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my child, _____, a minor. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event that an emergency occurs, and if I cannot be reached, I give my consent for physicians and staff at Fairfield HS Health Services to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. Accident insurance for the Desmond Bishop Football Camp is provided on an excess basis. All registrants must have their own primary medical insurance. Any medical claims will be the primary responsibility of the parent or guardian's medical coverage on an as needed basis.

Parent / Guardian Name (Print) Emergency Contact Number

Parent / Guardian Signature

Date

CAMPER HEALTH FORM

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. Physical condition that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illnesses, current medications) include:

CHECK ALL THAT APPLY

Asthma Diabetes
 Bleeding Disorders Heart Disease
 Concussions Convulsions
 Rheumatic Fever

Allergies to Drugs: _____

Last Physical Examination (date): _____

Last Tetanus Immunization (date): _____

Current Medications: _____

Chronic or Recurring Illnesses: _____

Operations/Injuries (dates): _____

Physical Restrictions: _____

Physician Name/Phone #: _____

Dentist Name/Phone #: _____

Name of Insurance: _____

Policy Number: _____

Name of Employer: _____

Employer Phone Number: _____

Name of Policy Holder: _____

(use back of form, if more room is needed)

Parent / Guardian Signature

Date

