

2009 MARENGO UNION JUNIOR TACKLE FOOTBALL CLUB CAMP POLICIES

GENERAL

A parent or guardian must accompany each camper to the 1st evening for camp check in and thereafter pick up the camper at dismissal each camp day.

A [Release and Hold Harmless Waiver](#) must be signed by a parent or guardian and submitted with registration and payment.

A [Self Administration of Medication Form](#) must be completed and signed by a parent or guardian. If this form does not apply, a signed copy with N/A (not applicable) still must be returned prior to or on the 1st day of camp. (See Medical Policies below).

A [Permission to Transport and Commence Treatment](#) form must be signed by a parent or guardian and submitted with registration and payment.

We reserve the right to suspend or terminate any student when it is deemed in the best interest of the camp or the student.

We reserve the right to make changes to the program if needed.

The Camps are not a school sponsored program and your school district does not endorse this activity.

REFUND

Cancellation before May 1, 2009, we will retain 50% of the registration fee.

No refunds will be granted on or after May 1, 2009.

There is no refund for unattended camp days. Unattended camp days cannot be transferred to future camps.

Non-negotiable payments will be subject to a \$40 service charge.

In the event of rain or inclement weather, we will move camp activities indoors. We reserve the right to cancel the entire camp day (or any portion of it which remains). No refund will be issued for camp days (or portions thereof) canceled on account of inclement weather or rain. The decision to cancel and/or modify a camp rests solely with the management, facility manager and head coaches.

MEDICAL

Camp staff does not administer or store medicine on behalf of campers. The camper must be prepared and able to self administer any medicine needed. The health director and some camp staff are trained in first aid and will take action in the event of an emergency. Permission to Transport form must also be completed.

Marengo Union Junior Tackle Football Camp Application

You must send the **APPLICATION, RELEASE AND HOLD HARMLESS WAIVER, SELF ADMINISTRATION OF MEDICATION FORM, & PERMISSION TO TRANSPORT AND COMMENCE TREATMENT** forms together with your payment to complete your registration. Your reservation will not be confirmed or held until all paperwork is submitted in full together with your payment and mailed to: Marengo Union Junior Tackle Football Club, C/O Kathy Rondorf, 22011 West Pringle Drive, Marengo, IL 60152.

Please print information below:

Player Name:

Parent/Guardian Name:

Address:

City: State: Zip:

Day Phone: Evening Phone:

Cell Phone: Parent E-mail:

Parent's Email: Parent's e-mail is necessary for key operations materials, such as confirmation, schedule and promotional information.

Skill Class Name of School

Grade As of 9/1/09 Player Weight: Player Birthdate:

Years of organized football experience: Current League:

T-Shirt Size: Youth: S M L XL Adult: S M L XL

Dr. Name: Phone:

Health Insurance Company:

Health Insurance Policy Number: (Please Attach Copy of Card)

Emergency Contact: Phone:

Payment Method: Visa MasterCard Discover Check (Made Payable to MUJTFC)

Card Number: Expires: 3-Digit VIC Code

Name On Card:

Billing Address: Zip Code

If you have questions regarding credit card payments, please call (815) 568-0714 and speak to Kathy.

Credit Card Authorization Signature: _____

REGISTRATION INFORMATION. Please Read Camp Policies Before Signing. By signing below, I acknowledge I have read and understand the Camp Policies and agree to their terms.

Signature: _____ Name (print): _____ Date: _____

**Release and Hold Harmless Waiver
Marengo Union Junior Tackle Football Club**

THIS IS A LEGAL AGREEMENT. UNDER THIS AGREEMENT, YOU ARE ASKED TO WAIVE (GIVE UP) CERTAIN RIGHTS YOU MAY HAVE. IF YOU SIGN THIS AGREEMENT YOU GIVE UP ALL OF THOSE RIGHTS. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT AND UNDERSTAND IT.

GENERAL RELEASE & WAIVER For good and valuable consideration, the sufficiency of which I hereby acknowledge, I, personally and on behalf of and as the parent and/or legal guardian of (fill in participant name) _____, and anyone acting on my behalf, including but not limited to attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, predecessors, successors or any other person or entity asserting claims through me, agree to release, indemnify, defend and hold harmless: The Marengo Community High School District #154, The Marengo Union Junior Tackle Football Club and all of their respective directors, officers, coaches and volunteers thereof (collectively, "Releasees"), from and against any and all claims, suits, losses, damages, expenses, costs, and liabilities (including reasonable attorneys' fees and expenses) which hereinafter may accrue or arise against the Releasees and which in any way arise out of or are in anyway related to (a) my child's participation in the Marengo Union Junior Tackle Football Club Camp("the Camp") and/or (b) the use of my child's name, photograph, quotation, and likeness in any advertising or promotions which relate to the Camp.

PLEASE CHECK ALL THAT APPLY AND SIGN BELOW.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, UNDERSTAND THE DANGER OF PERSONAL INJURY OR DEATH THAT MAY RESULT FROM PLAYING FOOTBALL AND PARTICIPATING IN THE CAMP INCLUDING BUT NOT LIMITED TO FALLING, BEING STRUCK BY THE FOOTBALL OR ANOTHER INDIVIDUAL.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCURS AS A RESULT OF MY CHILD'S PARTICIPATION IN THE CAMP.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, HEREBY GIVE RELEASEES, OR ANY ONE OF THEM, PERMISSION TO USE MY AND/OR MY CHILD'S NAME, PHOTOGRAPH, QUOTATIONS AND LIKENESS IN ANY ADVERTISEMENTS OR PROMOTIONS PERFORMED IN CONNECTION WITH THE CAMP AND AGREE THAT NEITHER I NOR MY CHILD SHALL BE ENTITLED TO ANY COMPENSATION FOR SUCH USE.

Parent or Legal Guardian Signature _____

Date _____ Printed Name _____

Mail this form to Marengo Union Junior Tackle Football Club
22011 West Pringle Drive
Marengo IL 60152

Please staple
All (3) sheets together

Medical Information Sheets
All (3) Pages Must be Completed In Full
Please do not combine children
A separate form for each child must be filled out

Self-medication Permission
Marengo Union Jr. Tackle Football Club – Football Camp
Wednesday, June 24 thru Saturday, June 27, 2008

Camper's Name: _____

Age as of June 24, 2009 _____

If this page does not apply to your child – please fill out child's name, put N/A (not applicable), and sign and date. Continue on to page 3.

PARENT/GUARDIAN AUTHORIZATION

My child has a physical condition which requires him/her to receive medication as quickly as possible in order to avoid a medical crisis. In the interest of his/her personal well being,

I hereby grant my child the authority to carry his/her medication
(medication name) _____
and to **self-administer** it as directed by the prescribing physician when needed.
All medication must be clearly labeled with child's name.

Condition requiring possession of medication and self-medication:

The above-named child may possess and use _____ by self-administration.

He/she has been instructed in its proper possession and use. The Marengo Union Jr. Tackle Football Club and all of their respective directors, officers, coaches, volunteers, affiliates thereof will in no way take custody of, administer, or be responsible for the said medication.

In granting this permission for my child to possess medication and self-medicate, I hereby absolve the Marengo High School District #154, the Marengo Union Jr. Tackle Football Club and all of their respective directors, officers, coaches, volunteers, affiliates thereof (collectively, "Releasees"), from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: _____ **Date:** _____

NOTE: A completed and signed copy of this form must be sent with your registration forms and if anything changes from then until 1st day of the camp, it is up to you to provide a new form to the Director.

Self-medication Permission – Page 2

Pursuant to Illinois law, please complete the following information. (Use back side if necessary):

- Medication Name _____

- Dosage _____

- Method of administration _____

- Frequency and timing of Medication _____

- Date of Prescription or Order: _____

- Other Medical Conditions Requiring Medication _____

- Specific Recommendations for Administration: _____

- Side Effects, Contraindications and Adverse Reactions to be Observed:

- Any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector or inhaler is not prescribed, should the other child receive a dose of the medication.

Permission to Transport and Commence Treatment Form

Camper's Name: _____ Birthdate: _____

PARENT/GUARDIAN AUTHORIZATION

I, as the parent and/or legal guardian _____ for the above child, hereby grant permission for 911/Rescue to be called in case of an emergency. I also hereby grant permission for my minor child to be transported to the nearest hospital, unless otherwise noted, and give permission for the Hospital to commence treatment until I and/or a legal guardian for the above child arrives.

Parent/Guardian Signature: _____

Date: _____

If circumstances allow, I would prefer my child to be transported to: _____ -

We will make every effort to contact you, please provide the following:

Emergency Contacts: Name _____

Phone Home/Cell () _____

Name _____

Phone Home/Cell () _____

Name _____

Phone Home/Cell () _____

Medications and/or OTC drugs child is currently taking:-

Any medical conditions and/or allergies or food allergies:

