

2010 ALL AREA FOOTBALL 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, 2010, we will retain 50% of the registration fee.

No refunds will be granted on or after May 1, 2010.

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 if possible. 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.

2010 All Area Football Camp Registration Form

Early Registration \$99.00 Until April 30, 2010. After May 1, 2010 – \$125.00

Camp held at Marengo High School Fields, Marengo, IL

You must send the **REGISTRATION, 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 along with your payment and mailed to: All Area Football Camp – C/O Marengo Union Junior Tackle Football Club, PO Box 294, 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: _____

***Email addresses are necessary for materials, such as confirmation, schedule and promotional information.**

Name of School _____ Grade As of 9/1/10 _____ Player Weight: _____

Player Birth date: _____ # of Yrs of FB experience: _____ Current League: _____

T Shirt Size: YOUTH: S M L XL

ADULT: S M L XL

***We are not responsible for the sizing of the shirts. We will make every effort to make adjustments accordingly after the 1st day. We do not guarantee shirts for registrations received on or after June 1st.**

Health Information:

Dr. Name: _____ Phone: _____

Health Insurance Company: _____

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

Emergency Contact: _____ Phone: _____

Payment Registration Fees:

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 or would prefer to give information over the phone, please call (815) 568-5623

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
All Area Football Camp**

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 All Area Football Camp volunteers including 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 All Area Football 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: All Area Football Camp
C/O Marengo Union Jr. Tackle Football Club
PO Box 294
Marengo IL 60152

Please staple all sheets together

I have reviewed these forms on 6/23/10 & all
Information is current.
Initialed by parent/guardian _____

Medical Information Sheets – All Pages Must be Completed In Full
Please do not combine children – a separate form for each child must be filled out

Self-medication Permission
All Area Football Camp
Wednesday, June 23 thru Saturday, June 26, 2010

Camper's Name: _____ Birthdate: _____ Age: _____

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 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 All Area Football Camp volunteers and 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 All Area Football Camp volunteers including the Marengo Union Junior 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

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 Emergency Services 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:

