

TRANSPORTATION REQUEST

Camper's Name: _____

Camper's Cell #: _____ Parent / Legal Guardian's cell#: _____

Camp: Senior High: _____ June 12-14, 2011

Camp: Youth Camp: _____ June 15, 2011

Camp: Junior High _____ June 16-18, 2011

Camp: Senior/Junior Prospect Camp _____ July 16, 2011

Arrival:

Airline: _____ Flight #: _____ Departing From: _____

Flight arrives (time): _____ Arrival Date: _____

Departing:

Airline: _____ Flight #: _____ Departing From: _____

Flight departs (time): _____ Depart Date: _____

RELEASE AND MEDICAL AUTHORIZATION

I, the undersigned parent/legal guardian of the camper as named above, authorize said child to be transported by an employee of the Razorback Football Camp from the Northwest Arkansas Airport in Lowell, Arkansas to the Razorback Football camp in Fayetteville, Arkansas and from the Razorback Football camp in Fayetteville, Arkansas to Northwest Arkansas Airport in Lowell, Arkansas. I hereby release, waive, discharge and covenant not to sue the Razorback Football Camp, the University of Arkansas, it's Athletic Department, the State of Arkansas, or any of the officers, servants, agents, or employees of the organizations from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child whether caused by negligence of the releases, or otherwise while being transported. Further, I give my permission for any emergency medical treatment that may be required. I also give my permission to use, if necessary, the insurance information provided by me on my child's Razorback Football Camp Minor Release and Acknowledgement form.

Parent / Guardian Signature

Date

Print Parent / Guardian Signature

Emergency Contact Number

** Please attach a copy of the camper's complete flight itinerary and the \$30.00 transportation fee and return it to:

Razorback Football Camp
Broyles Athletic Center
PO Box 7777
Fayetteville, AR 72702