

2010 RAZORBACK FOOTBALL CAMP APPLICATION

MAIL TO: RAZORBACK FOOTBALL CAMPS – BROYLES ATHLETIC COMPLEX, FAYETTEVILLE, AR 72702

CAMPER'S FIRST NAME: _____ CAMPER'S LAST NAME _____
BIRTHDATE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____
T-SHIRT SIZE: _____
ADDRESS: _____ CITY _____
STATE: _____ ZIP: _____
HOME PHONE: _____ MOBILE PHONE: _____
GRADE (FALL 10): _____ NAME OF SCHOOL: _____
PARENTS' EMAIL: _____ CAMPERS' EMAIL: _____
ROOMMATE REQUEST 1: _____ ROOMMATE REQUEST 2: _____

If you do not name a roommate preference, we will assign one PRIOR to check-in. Roommates will be assigned by age, school or by request.

Roommates will not be changed the day of registration. Campers are assigned two to a room.

OFFENSIVE POSITION: _____ DEFENSIVE POSITION: _____

PLEASE CHECK THE APPROPRIATE BOX:

- SENIOR CAMP JUNE 6-8, 2010 OVERNIGHT \$290.00 DAYCAMPER \$240.00
 JUNIOR CAMP JUNE 10-12, 2010 OVERNIGHT \$290.00 DAYCAMPER \$240.00
 SENIOR/JUNIOR PROSPECT CAMP JULY 17, 2010 DAY CAMP ONLY \$50.00
 YOUTH CAMP JUNE 9, 2010 DAY CAMP ONLY \$50.00

Faxed applications and applications mailed without payment will NOT be accepted. Please send application along with payment no later than one week prior to each camp session. NO CHECKS! Cashier checks or Money Orders only.

On-line payment and registration visit: www.razorbackfootballcamp.com

PARENT / GUARDIAN CONTACT INFORMATION:

PARENT GUARDIAN NAME: _____
RELATIONSHIP TO CAMPER: _____
HOME PHONE: _____ WORK PHONE: _____
MOBILE PHONE: _____
INSURANCE COMPANY: _____ POLICY NO: _____

MEDICAL EMERGENCY CONTACT (other than parent/guardian)

NAME: _____ PHONE: _____

CAMPER'S CURRENT MEDICATIONS: _____

CAMPER'S PERTINENT MEDICAL HISTORY: _____

PRIMARY PHYSICIAN: _____

ALLERGIES: _____

PARENT / GUARDIAN SIGNATURE

X _____

ATTACH A COPY OF YOUR PREVIOUS YEARS FOOTBALL PHYSICAL TO THIS FORM OR HAVE YOUR PHYSICIAN SIGN THE FOLLOWING MEDICAL STATEMENT.

PHYSICIAN'S STATEMENT:

I hereby certify that on (date) _____ I examined and found the applicant physically fit to attend and participate in the Razorback Football Camp.

I know of no impairments which would limit participation in camp activities. (Comments: attach to application)

Physician's Signature: _____

X _____

PARENT/GUARDIAN RELEASE:

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's Excess coverage policy. I, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge the University of Arkansas at Fayetteville and the camp, and its staff, officers, agents, employees, representatives, successors, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participating in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

It shall be understood that participating campers are contracting with the employee and not the University of Arkansas, and the University and the state of Arkansas do not assume any contractual obligations for the conduct of the employee's activity.

Parent/Guardian Name (Please Print)

X _____