

Lamar University Football Camp

Registration Information

Campers Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (O) _____

Age _____ School _____

Emergency Name _____ Phone _____

E-Mail _____

T-Shirt Size (adult sizes, please circle one) S M L XL XXL XXXL

Camp Information - Please Check Appropriate Camp(s) - No Refunds!

Youth Camp (Mon.-Wed., June 6 - 8) _____ \$120

* Students entering grades 1-8 in the fall of 2011

High School OL/DL Camp (Thurs., June 9) _____ \$40

* Students entering grades 9-12 in the fall of 2011

High School Skill Camp - QB, RB, WR, TE, LB, DB (Fri., June 10) _____ \$40

* Students entering grades 9-12 in the fall of 2011

High School Jr/Sr Camp - All Positions (Sat., July 23) _____ \$40

* Students entering grades 11-12 in the fall of 2011

(High School Camps run from 9 am-1 pm; Youth Camp runs from 9 am-5 pm, ending at Noon on Wednesday, June 8)

Safety and Insurance

Experienced trainers are available at all times. Each Camper is covered by health and accident insurance during camp hours. Insurance coverage is secondary to primary insurance. You must fill out the indemnification and medical treatment forms to complete your registration.

Signature of Parent/Guardian _____

Date _____

Please list any pre-existing medical conditions:

Indemnification by Parent/Guardian of Applicant

The undersigned parent/guardian of _____
The applicant, for and in further consideration of the Football Summer Camp accepting said applicant, does hereby release and discharge the Curators of Lamar University and its representatives, employees and agents from any and all debts, claims demands, actions, damages, causes of action, judgments or suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Football Summer Camp and hereby, agree to have and indemnify and keep harmless the Curators of Lamar University, its representatives, employees and agents against any and all liability, claims, judgments, or demands for damages arising as a result of any course instruction given the applicant by the Football Summer Camp.

Person carrying insurance coverage and relationship to applicant:

Employer of Sponsoring Organization: _____

Insurance Company: _____

Policy #: _____

Group #: _____

Additional Insurance: _____

Medical Treatment Authorization

I/We being the parents and/or legal guardians of the applicant authorize Lamar University and its agents permission to request emergency treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Please mail form and check to:

Lamar University Football Camp
P.O. Box 10066
Beaumont, TX 77710

**For more information, call the Lamar Football Office at (409) 880-7157
Registration also available online at www.lamarfootballcamps.com**