

2015 Manning Passing Academy
July 9-12, 2015 | www.manningpassingacademy.com

First name: _____ Last name: _____

Email: _____ Birthdate: _____

Grade (as of September 2015): ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 Position (check one): ☐ QB ☐ RB ☐ WR ☐ TE

High school: _____ Height: _____ Weight: _____

Home Address: _____

Address cont.: _____

City: _____ State: _____ Zip: _____ Country: _____

Primary phone: _____ Secondary phone: _____

Mother's name: _____ Father's name: _____

Insurance Information (must be completed in full or application will not be processed)

Medical Insurance Company: _____

Insurance Policy #: _____

Group #: _____

I.D. #: _____

Camper Status (check one)

- ☐ Overnight Camper - \$610.00
☐ Day Camper - \$460.00

Payment Plan (check one)

- ☐ I am paying a NON-REFUNDABLE DEPOSIT ONLY - \$100 (Balance Due No Later Than 5/15/15)
☐ I am paying IN FULL - \$610 or \$460

Payment Method (check one)

- ☐ Check ☐ Money Order ☐ Visa
☐ MC ☐ American Express ☐ Discover

Total Amount to Charge: \$ _____ Cardholder's Name (print): _____

Credit Card Number: # _____

Expiration Date: _____ Today's Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature: _____

*A non-refundable deposit of \$100.00 must accompany this application. Make check or money order payable to:
Manning Passing Academy (all checks or charges returned NSF will be assessed a \$30 fee).

Liability Release

PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE MANNING PASSING ACADEMY.

Liability Release and Assumption of Risk Disclaimer

I hereby register my child for the Manning Passing Academy and authorize the staff to direct him in all camp activities. In consideration of Manning Passing Academy, Inc., by registering my child (or ward) to participate in its football camp, I understand that my son must have current and active medical insurance before he can attend. My son has no medical or emotional problems which may affect his ability to safely participate in your program. In the event of injury, I authorize the Manning Passing Academy and its athletic training staff to obtain and/or administer any medical care or treatment deemed necessary. Neither I nor my son will hold the Manning Passing Academy liable for any injuries sustained at the camp.

I give my permission to utilize any camp video or photos that may include my child for any commercial use that the MPA (or its partners and sponsors) chooses to market and promote the football camp. Additionally, you have my consent to provide our email addresses and contact information to official Manning Academy sponsors and partners for the purposes of contacting you to market and promote their products and services.

By signing this, I verify that I am the legal parent or guardian and that I have read and accepted all administrative policies and refund conditions as set forth by the Manning Passing Academy that are stipulated on the website and/or in the brochure.

Signature of Participant's Father: _____ Date: _____

Signature of Participant's Mother: _____ Date: _____

Signature of Participant's Legal Guardian: _____ Date: _____
(if different from above)

Signature of Participant: _____ Date: _____

Return Application with *\$100 **NON-REFUNDABLE** Deposit Payable to:
Manning Passing Academy

MAIL TO:

Manning Passing Academy
PO Box 10161
Eugene, OR 97460

FAX TO:

(541) 225-5146 (*secure line*)

*Application will not be accepted without non-refundable deposit (**NO EXCEPTIONS**)