

2019 Manning Passing Academy - Ladies' Football Clinic

June 26, 2019 | www.manningpassingacademy.com

First name: _____ Last name: _____
Camper's email: _____ Birth date: _____
Street address: _____
City: _____ State: _____ Zip: _____ Country: _____
Camper's cell phone: _____
Camper's grade in the **fall of 2019**?: ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
Or College: ☐ Fr ☐ So ☐ Jr ☐ Sr ☐ Post grad
If attending school, please list the name: _____ ☐ Not attending school
Do you work on the campus of Nicholls State? ☐ Faculty ☐ Staff ☐ No
T-shirt size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL
Extra T-shirt at \$15.00 ea. ☐ Yes, size: _____

Emergency contact: _____ Email address: _____
Phone number: _____ Relationship: _____

List any medications camper is currently taking, allergies, past surgeries, hospitalizations, or medical issues:

What social media to you regularly engage on? ☐ Facebook ☐ Twitter ☐ Instagram

Be sure to follow us on Twitter [@mpa_info](https://twitter.com/mpa_info), and Instagram [@manningpassingacademy](https://www.instagram.com/manningpassingacademy)

Local radio station: _____ City: _____ State: _____

Local newspaper : _____

Liability Release and Assumption of Risk Disclaimer:

I hereby register for the Manning Passing Academy and authorize the staff to direct all camp activities. In consideration of Manning Passing Academy, Inc., by registering my child or ward - "the participant" - in its football clinic, I understand that the participant must have current and active medical insurance before they can attend. The participant has no medical or emotional problems which may affect their 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 the participant 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 the participant 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.

Legal guardian: _____
Name and relationship Signature Date

Participant: _____
Name Signature Date

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Camper Group Status

- ☐ Individual
- ☐ Group, must be at least 8 people to qualify as a group

**If attending as a group, a separate registration form and waiver must be completed for each attendee*

Payment Method (check one)

- ☐ Check
- ☐ Money Order
- ☐ Credit card

Payment Amount (check one)

- ☐ Individual - \$30.00
- ☐ NSU Faculty/Staff - \$24.00
- ☐ Group - \$20.00 per attendee. Group name: _____

** If paying for more than one attendee, list names and total payment amount below.*

Additional group members including in payment: _____

Total group payment amount: _____

Cardholder's Name (print): _____ Phone: _____

Card Number: # _____

Expiration Date: _____ CVVC _____

Billing address: _____

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

Signature: _____ Today's Date: _____

Make checks payable to: **Manning Passing Academy** (all checks or charges returned NSF will be assessed a \$30 fee).

Return To:

Manning Passing Academy Ladies' Football Clinic
PO Box 10161
Eugene, OR 97440

Secure Fax: (541) 225-5146

Email: chyna.sinervo@manningpassingacademy.com