

**2019 Manning Passing Academy**  
June 27-30 | [www.manningpassingacademy.com](http://www.manningpassingacademy.com)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Camper's email: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Camper's cell phone: \_\_\_\_\_ School: \_\_\_\_\_

Camper's **current grade**?: ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Camper's grade in the **fall of 2019**?: ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Position - critical for grouping. **Choose one**: ☐ QB ☐ RB ☐ WR ☐ TE

Emergency contact: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

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

Medical Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

***Parents or legal guardian and participant must read and sign the following release in order to register and participate in the Manning Passing Academy.***

**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 camp, 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 Status (check one)**

- ☐ Overnight Camper - \$750.00
- ☐ Day Camper - \$550.00

**Payment Method (check one)**

- ☐ Check
- ☐ Money Order
- ☐ Credit card

**Payment Amount (check one)**

- ☐ I am paying a NON-REFUNDABLE DEPOSIT ONLY - \$100 (Balance Due No Later Than 5/1/19)
- ☐ I am paying IN FULL - \$750.00 or \$550.00

Cardholder's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Card Number: # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVVC \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\_\_\_\_\_  
\*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).

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

**MAIL TO:**

Manning Passing Academy  
PO Box 10161  
Eugene, OR 97440

**FAX TO:**

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

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