

2018 Manning Passing Academy - Inaugural Women & Girls Football Clinic & Camp
June 25-26, 2018 | www.manningpassingacademy.com

First name: _____ Last name: _____

Camper's email: _____ Birthdate: _____

Street address: _____

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

Camper's cell phone: _____ School: _____

Camper's grade in the **fall of 2018?**: ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Women's division

Camper's T-shirt size: ☐ XS ☐ S ☐ M ☐ L ☐ XL

Emergency contact name: _____ Email address: _____

Phone number: _____

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 Women & Girls Football Clinic & Camp.

Liability Release and Assumption of Risk Disclaimer:

I hereby register my child for the Manning Passing Academy and authorize the staff to direct her 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 daughter must have current and active medical insurance before she can attend. My daughter has no medical or emotional problems which may affect her 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 daughter 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.

Legal guardian: _____	_____	_____
Name and relationship	Signature	Date

Participant: _____	_____	_____
Name	Signature	Date

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Attending events: Please select all options that apply. You may attend either event separately or select a package that includes both.

*Note: All dorm rooms have single beds and **bedding (sheets, blankets, pillows) is not provided.***

Monday, June 25: 5:00 - 9:30 PM. See Speaker Clinic Agenda.

Commuter clinician. Does not include room or meals

- ☐ Attend Monday speaker session only - \$40.00

Overnight clinician. Includes room for Monday night but no meals.

- ☐ Attend Monday speaker session and stay in single room - \$100.00
- ☐ Attend Monday speaker session and stay in double room - \$80.00. Roommate: _____

Tuesday, June 26: 8:00 AM - 4:00 PM. See Interactive Skill Camp Agenda.

Commuter camper. Includes lunch on Tuesday.

- ☐ Attend Tuesday interactive camp only - \$65.00

Overnight camper. Includes room Monday night and breakfast and lunch on Tuesday.

- ☐ Attend Tuesday interactive camp and stay in single room - \$125.00
- ☐ Attend Tuesday interactive camp and stay in double room - \$100.00. Roommate: _____

Package Pricing: Attend both Monday and Tuesday sessions.

Commuter camper. Includes both sessions and lunch on Tuesday.

- ☐ Attend Monday and Tuesday - \$100.00

Overnight camper. Includes room Monday night and breakfast and lunch on Tuesday.

- ☐ Attend Monday and Tuesday and stay in single room - \$150.00
- ☐ Attend Monday and Tuesday and stay in double room - \$130.00. Roommate: _____

Payment Method (check one)

- ☐ Check
- ☐ Money Order
- ☐ Credit card

Payment Amount (check one)

- ☐ I am paying a NON-REFUNDABLE DEPOSIT ONLY - \$25 (Balance Due No Later Than 6/15/18)
- ☐ I am paying in full: _____

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

Card Number: # _____ Expiration Date: _____ CVVC _____

Signature: _____ Today's Date: _____

**All checks or charges returned NSF will be assessed a \$30 fee*

Return Application with ***\$25 NON-REFUNDABLE** Deposit Payable to:

Manning Passing Academy Inaugural Women & Girls Football Clinic & Camp

PO Box 10161

Eugene, OR 97440

Fax: (541) 225-5146 (secure line)