

**2014 OREGON FOOTBALL TEAM CAMP**  
**JUNE 22-24, 2014**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Grade as of 09/14: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
High School: \_\_\_\_\_ Head Coach: \_\_\_\_\_  
Position (check one) ☐ QB ☐ RB ☐ WR ☐ TE ☐ OL ☐ DL ☐ LB ☐ DB

**Camper Status** (check one)

- ☐ Overnight Camper\* Roommate Name: \_\_\_\_\_  
\*\$30 will be reimbursed to the head coach after room key is returned  
☐ Day Camper

**Insurance Information** (must be completed in full)

Campers must have active health insurance to participate.

Medical Insurance Company: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_  
I.D. #: \_\_\_\_\_

**Payment Plan** (check one)

**TEAM / GROUP RATE** (all applications must be received together and at the same time with a single payment)

- ☐ I am paying a refundable DEPOSIT ONLY - \$30 per camper  
☐ I am paying IN FULL – see Team/Group Rates and sliding scale

*\*Any cancellations or checks returned NSF will be assessed a \$30 fee. All cancellations, charges and refunds are processed through the head coach.*

**Team and Group Rates Restrictions**

Team and group rates are only in effect when individuals are registered **TOGETHER AND AT THE SAME TIME.**

The head coach or group leader must submit all medical forms, applications, and signatures (of parents/ guardians/ participants) along with **ONE CHECK** covering the deposits for campers PRIOR to the Registration Deadline of June 7, 2014.

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## UNIVERSITY OF OREGON ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

In consideration of my child (name) \_\_\_\_\_ being permitted to participate in 2014 Oregon Football Team Camp (hereby referred to as: Camp) from 6/22-6/24, 2014, I acknowledge and accept the risks inherent in the Camp as set forth below. I understand that my child's participation in the Camp is completely voluntary.

Assumption of Risk: Participation in the Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one Camp to another, but the risks range from minor injuries such as cuts and sprains, to major injuries such as broken bones and joint or back injuries, to catastrophic injuries including paralysis and death.

I certify that there are no health-related reasons or problems that preclude or restrict my child's participation in the Camp. I certify that my child has had a physical in the last 12 months and is fit to participate in the Camp.

All Camp participants are required to have, and provide proof of, medical insurance. Secondary Health Insurance is provided to all Camp participants to assist in any medical expense that are incurred as a direct result of an injury arising from Camp activities.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery for my child. I understand that I shall be financially responsible for any such medical treatment. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment.

I release the State of Oregon, the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from any and all liability and expense in any way resulting from, related to, or arising out of my child's participation in the Camp, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever. I agree to hold the same harmless against any and all claims, liability and expense in any way resulting from, related to, or arising out of the Camp.

I have read and understand the above provisions and agree to be bound by them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Unless checked no here \_\_\_\_\_ NO

I hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Camp and my child's participation in the Camp and to use his/her image, voice and /or likeness for educational and promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

Make payment to: **OREGON FOOTBALL CAMP**

Mail all applications together to:

**OREGON FOOTBALL CAMP  
2500 Martin Luther King Blvd  
Eugene, Oregon 97401**

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