

2011 BLUE CHIP FOOTBALL CAMP REGISTRATION

Parent or Guardian's Authorization for Participation:

Camper's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Current Football Program _____

Name of Parent / Guardian: _____
Daytime Phone Number: _____
Evening Phone Number: _____

Name of Parent / Guardian: _____
Daytime Phone Number: _____
Evening Phone Number: _____

Other authorized person to contact in emergency: _____ Phone: _____

Medical History:

Medical Difficulty (Asthma, Diabetes, etc.): _____ Allergies (Including Drugs, Insects, Foods, etc.): _____

Eye Glasses / Contacts: Yes No Medications: _____ Dose: _____ Date of last refill: _____

Health Insurance Company: _____ Policy Number: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed above. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications.

Conduct and Waiver:

Please note that any camper who behaves in a disruptive manner and/or in a manner which limits other participant's enjoyment and learning experience will be subject to immediate expulsion without refund.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____ as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Blue Chip Football Camp(s) and / or In the Trenches Camp (hereinafter "Camp") to be conducted by U.S. Combine Services, Inc. (hereinafter "USCS") d.b.a Blue Chip Football Camp (hereafter "BCFC") and In the Trenches Camp (hereinafter "ITTC"). I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless USCS, BCFC and ITTC and their respective attorneys, officers, employees, directors, shareholders, administrators, agents, contractors, sponsoring agencies, sponsors, adversaries, and if applicable, owners and lessors of premises used to conduct the Camp (hereinafter collectively referred to as "Releasees") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Camp, including any claim arising out of or connected with any activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages on any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. In the event of an illness or medical emergency, I authorize the Blue Chip Football Camp(s)/In The Trenches Camp Staff to provide medical care within the limits of their training, to include authority for medical transportation. I further authorize and give consent to a medical treatment facility to treat the above minor by qualified medical personnel as required. I also certify that my child has successfully completed a physical examination within the past year and has my approval to participate in the Blue Chip Football/In The Trenches Camp(s) and I give my child permission to participate in all camp activities. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp whether on not the Camp actually occurs.

Appearance Agreement. I understand that US Combine Services, Inc. d.b.a Blue Chip Football Camps, In the Trenches Camp from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Camp, the Minor may be included in videotapes or photographs taken during the Camp. Thereafter, without reservation or limitations, I, in my own behalf and behalf of the Minor, hereby assign, transfer and grant to US Combine Services, Inc. d/b/a Blue Chip Football Camps, In the Trenches Camp, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither US Combine Services, Inc. or Blue Chip Football Camps In the Trenches Camp nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I, in my own behalf and behalf of the Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury, illness and/or death. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Guardian: _____ Date: _____

*Camp(s) attending: Full Week (Full and Non Contact) ___ Non-Contact Session Only ___ Full Contact Session Only ___
JV Team Camp (July) ___ Varsity Team Camp (June) ___ Varsity Team Camp (July) ___

METHOD OF PAYMENT:

Cash Check Check Number: _____ Amount: \$ _____ Balance Due: \$ _____
Scholarship Award Full Partial Amount: \$ _____ Balance Due: \$ _____

Make Checks Payable to: Blue Chip Football Camps
2777 Yulupa Ave. #279
Santa Rosa, CA 95405