



OKLAHOMA FOOTBALL CAMP

2010

**ALL CAMPERS MUST COMPLETE THIS FORM AND BRING IT TO CAMP CHECK-IN. (DO NOT MAIL FORM.)
CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN CAMP WITHOUT THIS FORM.**

Please check the Session the camper will attend:

Session 1 (Grade 3-8): June 1-3

Session 2 (Grade 9-12): June 4-6

Session 3 (Grade 9-12): June 7-9

Kicking Camp

CAMPER INFORMATION:

Name (Last)	(First)	(Middle)
Mailing Address		
City	State	Zip
Camper's Birth Date	Camper's age at time of camp	
Parent/Guardian	Home Phone #	Alternate Phone #
Emergency Contact (other than Parent/Guardian)	Relationship to Camper	Phone #

MEDICAL & INSURANCE INFORMATION:

Allergies	Current Medications
Previous Injuries	Date of last Tetanus Booster
Name of Health Insurance Provider	Policy #

PHYSICIAN'S CONSENT FOR PARTICIPATION:

Each camper is **REQUIRED** to provide either a physician's signature releasing the camper to participate in camp activities (in the space provided below) **OR** a copy of the camper's physical dated after June, 2009. (Please do not bring the original physical as we must keep a copy for our records.)

I hereby certify that the camper (named above) has no restrictions which would prevent him from active and full participation in any and all activities related to this camp.

Physician's Signature	Date	Phone #
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WAIVER & RELEASE:

The Oklahoma Football Camp is operated as an individual enterprise and is not owned, sponsored, or operated by the University of Oklahoma. I am aware of the dangers involved in participation in the physical activities of the Oklahoma Football Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Oklahoma Football Camp involves competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Oklahoma Football Camp, its owners, employees, and volunteers; the University of Oklahoma, its officers, agents, and employees--including without limitation, equipment personnel, and physicians and other practitioners of the healing arts--from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature	Parent/Guardian Signature	Date
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MEDICAL WAIVER