Corvallis Football Camp

Grades 1-5 June 12, 13, 14 2017

The Corvallis football camp is open to all incoming 1st-5th graders

Tuition
The cost of the camp will be $35 per player. Players that turn in money before June 12th will be charged $35. Players that turn in money after June 12th will be charged $45. Turn in brochure and money to school secretary or Coach Curley.

Health and Safety
Each camper must provide his own health insurance. Medical Release, Personal History and Insurance Information must be completed on application.

What to Bring
-Football Cleats
-Water Bottle
-Good attitude

Make checks out to:
Corvallis Football

Benefits:
-One-On-One coaching from High School Coaches and High School Players
-Camp T-Shirts
-Fundamentals and Techniques
-Corvallis High School Scheme

Arrival and Departure
June 12-14, **(1st-5th) grades** 9:00-11:00

For Information call:
Corvallis Head Football Coach
Clayton Curley
363-8520
679 Shepherds View Trail
Corvallis MT 59828

MEDICAL RELEASE FORM/ HEALTH HISTORY

Campers Name

Camper's Parent/Guardian Name

Camper's Date of Birth

Parent/Guardian's Phone Numbers

Emergency Contact

MUST COMPLETE MEDICAL RELEASE/ INSURANCE INFO & APPLICATION

Parent's/Guardian's **Signature** required on application

PERSONAL HISTORY
(Have they now or ever had in the past?)

Heart Disease	YES NO
Heart Surgery	YES NO
Muscle Disease	YES NO
Epilepsy	YES NO
Heart Murmur	YES NO
Diabetes	YES NO
Occasional Chest Pain	YES NO
Dizzy Spells or Blackouts	YES NO
Irregular Heart Beat	YES NO
Any Chest Pains on Exertion	YES NO
Any Chest Pressure on Exertion	YES NO

Other:

Has your child had any broken, sprained, or bruised bones or muscles in the past six months?

Please list any medications your child is currently taking:

Please list any known allergies to medication

MEDICAL INSURANCE IS REQUIRED TO ATTEND
(Must be completed to attend camp)

INSURANCE INFORMATION

INSURANCE CARRIER

POLICY HOLDER GROUP POLICY #

POLICY # CLAIMS PHONE #

NAME: _____ HT: _____ WT: _____ AGE: _____
ADDRESS: _____ CITY: _____
YEAR IN SCHOOL (11/12): _____

I UNDERSTAND THAT I AM REQUESTING ENROLLMENT IN THE CORVALLIS FOOTBALL CAMP. I WILL COMPLY WITH CAMP RULES. MY CHILD HAS PERMISSION TO ATTEND THE CORVALLIS FOOTBALL CAMP. IN THE EVENT OF ILLNESS OR INJURY, I HEREBY GIVE MY CONSENT FOR MEDICAL TREATMENT AND PERMISSION TO THE ATTENDING PHYSICIANS TO HOSPITALIZE, SECURE PROPER TREATMENT AND ORDER INJECTIONS, ANESTHESIA OR SURGERY. **MEDICAL INSURANCE IS MANDATORY FOR ALL CAMPERS.**
I UNDERSTAND THE NATURE OF THE CORVALLIS FOOTBALL CAMP THAT MY CHILD'S PARTICIPATION IS VOLUNTARY AND THAT I MAY WITHDRAW MY CHILD AT ANY TIME. I HAVE KNOWLEDGE OF THE BENEFITS TO EXPECT AND THE DISCOMFORT AND/OR RISKS WHICH MAY BE ENCOUNTERED, (BROKEN BONES, SPRAINS, STRAINS, HEART FAILURE, HEAD INJURY, ETC.) AND AGREE THAT MY CHILD PARTICIPATE ON THAT BASIS. I HAVE COMPLETED THE MEDICAL RELEASE FROM/HEALTH HISTORY TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THE NATURE OF THE CORVALLIS FOOTBALL CAMP DOES NOT PROVIDE INSURANCE COVERAGE FOR PARTICIPATION. AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL-BEING OF MY DEPENDENT.

PARENT/GUARDIAN SIGNATURE: _____