

Corvallis Football HS Mini-Camp

Grades 9-12 June 17, 19, 20 4pm-7pm



The Corvallis football camp is open to all incoming 9-12th graders.

Tuition

The cost of the camp will be \$30 per player. The player will turn in money at the June 1st player/parent meeting.

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
- Helmets/Shoulder Pads
- Water Bottle
- Good attitude

Benefits:

- Fundamentals and Techniques of next Years' offense and defense

Gear Checkout: June 7th, 8th after school.

Make checks out to: Corvallis Football

For Information call:
**Corvallis Head Football Coach
Clayton Curley
363-8520**

MEDICAL RELEASE FORM/ HEALTH HISTORY

Camper's Name	PERSONAL HISTORY (Have they now or ever had in the past?)	Please list any medications your child is currently taking: _____
Camper's Parent/Guardian Name	Heart Disease YES NO Heart Surgery YES NO Muscle Disease YES NO Epilepsy YES NO Heart Murmur YES NO Diabetes YES NO	Please list any known allergies to medication _____
Camper's Date of Birth	Occasional Chest Pain YES NO Dizzy Spells or Blackouts YES NO Irregular Heart Beat YES NO	MEDICAL INSURANCE IS REQUIRED TO ATTEND (Must be completed to attend camp)
Parent/Guardian's Phone Numbers	Any Chest Pains on Exertion YES NO Any Chest Pressure on Exertion YES NO Other: _____	INSURANCE INFORMATION
Emergency Contact	Has your child had any broken, sprained, or bruised bones or muscles in the past six months? _____	INSURANCE CARRIER _____
		POLICY HOLDER _____ GROUP POLICY # _____ POLICY # _____ CLAIMS PHONE # _____

NAME: _____ HT: _____ WT: _____ AGE: _____
 ADDRESS: _____ CITY: _____
 YEAR IN SCHOOL (9-12): _____

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: _____

CAMPER'S SIGNATURE: (18 YEARS OF AGE) _____