

# Corvallis Football MS Mini-Camp

## Incoming 6<sup>th</sup>-8<sup>th</sup> June 1<sup>st</sup>-2<sup>nd</sup> 4pm-7pm



The Corvallis football camp is open to all incoming 6<sup>th</sup>-8<sup>th</sup> graders.

### Tuition

The cost of the camp will be \$25 per player. Players can turn in money to Coach Curley, Coach Bradshaw, or Coach Knapp.

### 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

### Make checks out to: Corvallis Football

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

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### MEDICAL RELEASE FORM/ HEALTH HISTORY

\_\_\_\_\_

Camper's Name

\_\_\_\_\_

Camper's Parent/Guardian Name

\_\_\_\_\_

Camper's Date of Birth

\_\_\_\_\_

Parent/Guardian's Phone Numbers

\_\_\_\_\_

Emergency Contact

### 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 #

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NAME: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
Incoming Grade: \_\_\_\_\_

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:** \_\_\_\_\_