



Owensboro Catholic
Football Camp

June 16-18, 2008

8:00am-12:00pm



Owensboro Catholic Football Camp



Owensboro Catholic Football Staff will conduct a summer football camp for players entering 4th grade through 8th grade. The dates of the camp will be June 16-18 from 8:00 am to 12:00 noon.



The camp will provide training in the basic fundamental skills of football, with emphasis on the individual techniques designed to develop better overall players. Football camp participants will be divided into groups according to age. The last day of the camp, players will participate in 7 vs 7 games to work on skills in modified game situations.



Location: Steele Stadium located off College Drive on Kentucky Wesleyan College campus. Drop-off/pickup will be at the North Gate. For the parents that would like to stay and watch, parking is available right outside the north gate.



Cost of the camp is \$40.00 for child 1 and 2 in the same family. Any additional child in the same family will be \$15.

Price includes camp T-shirt



Registration: Camp numbers will be limited.

Pre-register by completing the following:

- ♣ Registration forms with signed wavier/Kentucky Wesleyan College release for Steele Stadium.
- ♣ Check or Money Order to *Owensboro Catholic Football Camp* for \$40.00 per player.

Walk up registration will only be accepted if the numbers allow.



Mail registration with signed waiver, KWC Release and check to:

Owensboro Catholic Football Camp
2540 Christie Place
Owensboro, Ky 42301



For questions contact:

Hank Harvey 993-9570
John Edge 570-1026



Owensboro Catholic Football Camp Registration Form

To be completed by parent or guardian. Type or Print. Fill in all sections.

Last Name _____ First Name _____

Home Address _____ City, State ZIP _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Name of School _____ Grade entering 4 5 6 7 8 9

Father Name _____ Mother Name _____

Emergency Contact Phone Numbers (during Camp hours)

1.Name: _____ Phone Number: _____

Cell Number: _____ Relationship to Camper: _____

2.Name: _____ Phone Number: _____

Cell Number: _____ Relationship to Camper: _____

T-shirt Size: Circle size **YM YL AS AM AL XL XXL**

Waiver of Liability and Authorization for Medical Treatment

I hereby request that you accept this application for the Owensboro Catholic Football Camp and allow my child _____ to participate in the Camp during the dates of June 16-18. Although there will be no contact, there still can be a risk of injury.

I hereby release Owensboro Catholic, Kentucky Wesleyan, and the entire football staff from liability of cost or damages if an injury shall occur while participating in the camp.

I have instructed to my child _____ to obey and respect the property of Kentucky Wesleyan and the Owensboro Catholic Football coaching staff. In the event of possible injury, I give permission for trainer to give treatment and to my child _____. I agree to be responsible for primary cost associated with medical care provided to child.

Do you have Primary Insurance? Yes _____ No _____ Ins. Number _____

Secondary insurance will be provided. All campers will have a water break after each 10 minute drill. If a camper needs water during any drill they may do so. Please instruct your children they may get drinks when needed.

I have read and agree to the terms of this release and Authorization for Medical Treatment.

Print Name : _____

Signature: _____ Date: _____



KENTUCKY WESLEYAN COLLEGE

RELEASE FROM LIABILITY FOR NEGLIGENCE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you, your family and personal representatives give up the right to bring any action to obtain any remedy for injury to yourself, damage to your property of others or for your death, as a result of your participation in Kentucky Wesleyan College's summer camp activities.

In consideration for being permitted to participate in (specifically) **Owensboro Catholic Football Camp**, during the period of **6/16/2008-6/18/2008**, I, the undersigned, acknowledge and agree as follows:

ACKNOWLEDGEMENT OF RISK

I fully recognize and appreciate the dangers inherent in my child traveling to and participating in these activities. I hereby state that I have full knowledge of the dangers involved in these activities and agree to assume all risks and responsibilities associated with my participation in these activities.

AGREEMENT TO RELEASE FROM LIABILITY

I, the undersigned, do for my child and on behalf of my family and my personal representatives, hereby agree to forever release and hold harmless Kentucky Wesleyan College, all of its trustees, officers, agents and employees for any and all liability arising from any claim, demand or cause of action of any nature for:

- personal injury to my child or to others
- damage to my child's personal property or to the personal property of others or
- my child's death

as a result of my child's participation in **football camp** activities, or caused by conduct, whether negligent or grossly negligent, of Kentucky Wesleyan College, any of its officers, agents or employees.

I certify that my child is in good health and that my child has no physical limitations that would preclude him/her from participating in these activities.

I fully understand that the terms of this agreement are legally binding and that I am signing this agreement after having completely read it.

Print Child's Name _____

Print Parent Name _____

Signature of Parent _____

Date _____