



## Owensboro Catholic Football Camp



At Steele Stadium

June 15-16, 2010

8:00am-12:00pm



Owensboro Catholic Football Staff will conduct a summer football camp for players entering 4<sup>th</sup> grade through 8<sup>th</sup> grade. The dates of the camp will be June 15-16 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 \$25/child - *Price includes camp T-shirt*



**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 \$25/child



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

Owensboro Catholic Football Camp  
1524 West Parrish Avenue  
Owensboro, KY 42301



For questions contact:  
[John.edge@owensborocatholic.org](mailto:John.edge@owensborocatholic.org)  
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 15-16, 2010. 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 \_\_\_\_\_

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**  
**MINOR 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) \_\_\_\_\_, during the period of \_\_\_\_\_. 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 \_\_\_\_\_ 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.

**To Whom It May Concern:**

**Under a new Kentucky statute, Senate Bill 63, each college or university in the state must disclose to all lessees of on-campus housing facilities whether the facility where you will be housed is equipped with an "automatic fire suppression system," or in other words, a sprinkler system. The residential facilities where you will be housed are NOT equipped with such systems, and are not required to be since they are not over three stories. They are equipped with fire/smoke detectors and alarm systems.**

Print Child's Name \_\_\_\_\_

Residence Hall/Room Assignment \_\_\_\_\_

**Print Parent/Guardian Name** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ (Required for participation)

Date \_\_\_\_\_

**Parent/Guardian Emergency Contact:**

Name (Print) \_\_\_\_\_

Phone Number \_\_\_\_\_