

Send All Forms To Your Site Manager: <http://tinyurl.com/a66bvyq>  
 For more Camp Info, visit this website: <http://tinyurl.com/aagjwaq>

### PARTICIPANT INFO

<b>NAME:</b>	_____				
<b>ADDRESS:</b>	_____				
<b>CITY:</b>	_____				
<b>STATE:</b>	_____	<b>ZIP CODE:</b>	_____		
<b>PHONE NUMBER:</b>	_____				
<b>EMAIL ADDRESS:</b>	_____				
<b>DATE OF BIRTH:</b>	_____				
<b>GENDER: (Circle)</b>	<b>MALE</b>	<b>FEMALE</b>			
<b>GUARDIAN NAME:</b>	_____				
<b>CURRENT SCHOOL STATE:</b>	_____				
<b>OFFENSIVE POSITION (Circle)</b>	QB	RB	WR	TE	OL
<b>DEFENSIVE POSITION (Circle)</b>	Dline	LB	Corner	Safety	
<b>HIGH SCHOOL NAME:</b> What HS will you attend?	_____				
<b>GRADE ENTERING IN THE FALL:</b>	9	10	11	12	
<b>HEIGHT:</b>	_____	<b>WEIGHT:</b>	_____		
<b>YEARS IN HSPD PROGRAM:</b> (not counting this year)	0	1	2	3	
<b>HAVE YOU PREVIOUSLY PARTICIPATED IN THE NATIONAL 7-ON-7 TOURNAMENT?</b>					
<b>YES</b>			<b>NO</b>		



MEDICAL FORM

\* Student's Name: \_\_\_\_\_

Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation in contact football, and that any such injury may lead to permanent disability or death. In the event of routine or emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, I hereby grant permission to the National Football League Foundation ("Foundation") and/or its medical staff, physicians associated with other community or Foundation facilities, as needed, to treat the individual named above.

\* Signature of Parent: \_\_\_\_\_ \* Date: \_\_\_\_\_

\* Signature of Student: \_\_\_\_\_ \* Date: \_\_\_\_\_

Medical Insurance Information

Indicate the status of your personal health insurance coverage. If covered, the information indicated below must be provided for all applicable policies.

\* Choose one

- I am not covered by a health/accident insurance policy.
- I am covered by my own health/accident insurance policy.
- I am covered by my parent's health/accident insurance policy.

\* Health Insurance Company Name & Address: \_\_\_\_\_

\* Group #: \_\_\_\_\_ \* Policy #: \_\_\_\_\_

~~\* Attach a Physician Consent copy of your most recent physical.~~

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication individual is taking: \_\_\_\_\_

~~\* The physical MUST~~

Previous Orthopedic Conditions: \_\_\_\_\_

\_\_\_\_\_  
Student cleared for all full contact physical activities (i.e., full contact football)

\_\_\_\_\_  
Student restricted from physical activities, reason and/or conditions for clearance (if any)

Conditions for clearance (if any): \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

(Doctor's stamp of approval also required)

All marked (\*) items are required!



## PARTICIPANT WAIVER OF CLAIMS AND LIABILITY RELEASE

In consideration of his acceptance as a participant in the National Football League's High School Player Development Program (the "Program") held by the National Football League Foundation ("Foundation"), the undersigned participant ("Participant") and his parent(s) or legal guardian(s) agree to this **Participant Waiver of Claims and Liability Release** (the "Waiver and Release"), which will cover events occurring from the time Participant commences his participation in the Program until the termination of his participation therein.

It is the intent of the undersigned Participant and his parent(s) or legal guardian(s) (collectively, "we") to release Foundation; the National Football League ("NFL") and its professional football member clubs; NFL Ventures, Inc., NFL Ventures, L.P. and its direct and indirect subsidiaries; and each of their respective affiliates, officers, directors, agents, sponsors (including but not limited to the National Guard) and employees (collectively, the "NFL Entities") from any claims or liability to the fullest extent possible under the law. As such, the undersigned Participant and parent(s) or legal guardian(s) hereby agree as follows:

1. **WE UNDERSTAND AND HEREBY ACKNOWLEDGE THAT THE PROGRAM (AND/OR THE GAME OF CONTACT FOOTBALL) PRESENTS THE INHERENT RISK OF SERIOUS BODILY INJURY. OUR WAIVER AND RENUNCIATION OF CLAIMS HEREIN EXPRESSLY APPLY TO ANY BODILY INJURY, DAMAGE, OR ACCIDENT THAT MAY BE SUFFERED BY PARTICIPANT OR OTHERS RESULTING FROM PARTICIPANT'S PARTICIPATION IN THE PROGRAM (AND/OR THE GAME OF FOOTBALL).**
2. We hereby waive, release and otherwise hold harmless the NFL Entities from any and all liability for injury or other claims which may arise from Participant's participation in the Program, including without limitation any claims based on negligence, for any injury to Participant or others, or any other loss, damage, sickness, accident, delay, or expenses of any kind whatsoever resulting from Participant's participation in the Program.
3. We further agree to waive, release and otherwise hold harmless the NFL Entities from any and all claims arising out of use of the equipment or clothing supplied to Participant for use in the Program, or the equipment or other materials used by Program staff in implementing the Program.
4. We understand and acknowledge that the NFL Entities do not guarantee the security or safety of Program sites, of the areas adjacent to and surrounding Program sites, or of any areas Participants may traverse on their way to or from Program sites. We agree to waive, release and otherwise hold harmless the NFL Entities from any and all claims arising out of accidents or events caused by a Participant or third parties not associated with the Program, which incidents could occur on Program sites, in areas adjacent to or surrounding Program sites, or in areas traversed by Participants traveling to our Program sites. We further release the NFL Entities from liability for any damage or injury that may occur as a result of the surface or condition of the Program site itself (e.g., the football playing field), or the condition of facilities or equipment used at the site.
5. We recognize that Participant must obey the instructions of the Program staff. We understand and acknowledge that the Program staff and Foundation representatives each reserve the right to terminate the participation in the Program of any Participant whose conduct may be considered by such person, in either's sole discretion, to be detrimental to or incompatible with the interests and security of the Program or any NFL Entity. In the event of any such action, we understand and acknowledge that we will have no right to any compensation or damages from any NFL Entity.
6. We represent and confirm that Participant has undergone, or will undergo prior to commencement of Participant's participation in the Program, a full and comprehensive physical examination administered by a Board-certified physician who will supply to Foundation or its designated representative a letter certifying, on the basis of aforementioned physical examination, that Participant is physically fit to play the game of full-contact football and otherwise to participate in the Program. We further confirm that Participant has executed, or will execute prior to commencement of his participation in the Program, the "Medical Form" provided to me at the time of Participant's registration for the Program (or such other school physical as may be reasonably acceptable to Foundation).



7. We further understand that should any medical services be provided or made available to Participant in connection with his participation in the Program, the provision or availability of which the NFL Entities do not sponsor or guarantee, the NFL Entities do not warrant or make any representation concerning the adequacy or continuation of such medical services, nor can the NFL Entities be deemed responsible or held liable for any claims arising out of the provision of such medical services or the failure to provide or to continue to provide such medical services. We also understand that the NFL Entities cannot be held liable for any other services provided herein, including without limitation any coaching, counseling, transportation, or security services. Any core course recommendation made by any member associated with the Program is simply a recommendation and is ultimately subject to the rules of the NCAA, as the qualifying agent.
8. We hereby grant the NFL Entities, the NFL's business partners and their respective designees the right to use, without limitation, Participant's name, image, likeness, photograph, and biographical material throughout the world in any and all media, now known or hereby created, in connection with promoting or publicizing the Program or any other endeavor.
9. If any portion of this Waiver and Release is declared invalid or unenforceable by a final judgment of any court of competent jurisdiction, we hereby agree that such determination shall not affect the balance of this Waiver and Release, but this Waiver and Release shall remain in full force and effect, as such invalid portion shall be deemed severable.
10. **(For California Residents Only)** We hereby expressly waive all rights under Section 1542 of the Civil Code of the State of California, and under any and all similar laws of any jurisdiction. We are aware that said Section 1542 of the Civil Code provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

**ACKNOWLEDGEMENT**

Yes! We agree to have this information shared with the National Guard, so we can be contacted by a Recruiter to learn more about how Participant can "Own My Future" in the National Guard. Checking this box does not obligate Participant to join. It's just a chance to check us out and learn more about the various opportunities in the Guard.

*	<input type="text"/>		
	Full Name of Parent or Guardian (first and last name)		
*	<input type="text"/>	*	<input type="text"/>
	Signature of Parent or Guardian		Relationship to Participant
*	<input type="text"/>	*	<input type="text"/>
	Full Name of Participant (first and last name)		Current Date
*	<input type="text"/>	*	<input type="text"/>
	Signature of Participant		Current Date
*	<input type="text"/>		
	Address		
*	<input type="text"/>	*	<input type="text"/>
	City	State	Zip
*	<input type="text"/>	*	<input type="text"/>
	Phone Number	Age (as 12/31/2012)	Birth Date of Participant
*	<input type="text"/>		
	Email Address		

You are Required to fill out this section in order to participate!