

Robb Akey Jr. Football Camp Registration – Post Falls, ID

*Wednesday, June 23 through Friday, June 25, 2010 from 8:00 AM to Noon
Check-in will take place before football camp between 7:30-8:00 am on June 23rd*

Camper Information

Name _____ Birthdate _____
Grade _____
Address _____
City _____ State _____
Zip _____
Telephone _____
Email _____
Parent/Guardian Name _____

T-Shirt Size (circle one) S M L XL (Youth Sizes)

Football Camp: \$90 Deposit (Non-Refundable): \$20 *Please make check's payable to Robb Akey Football Camp LLC
Total Enclosed \$ _____ *Please mail payment to: Robb Akey Football Camp LLC, PO Box 3771, Moscow, ID 83843-1917

INSURANCE INFORMATION: *Please bring copy of insurance card (front and back)

Policy Holder _____ Policy Holder Birth date _____
Policy Holder Phone # _____
Policy Number _____ Insurance Company _____
Insurance Company Phone _____
Address _____ City _____
State _____ Zip _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I, the undersigned, am aware that participation in the Robb Akey Football Camp LLC (the "camp") may include activities that are risky and dangerous. Both participant(s) and their parent(s) / guardians ("T") acknowledge and accept the risks and give permission for participation in the Camp. I acknowledge that participation in this Camp has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: physical and sports activities; bone fractures; muscle strains and sprains; head injuries; heart malfunctions; injuries sustained from other participants; activities supplemental to the Camp, such as walking to and from sites of interest; use or operation, by myself or others, of equipment; transit to or from the Camp locations and activity locations; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks. In consideration of Post Falls High School and Post Falls School District #273, and/or the "camp" permitting me/my dependant to associate with the Camp, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, Post Falls High School, Post Falls School District #273, the "camp", and their agents and employees from any and all liability, claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above name Camp, whether caused by the Post Falls School District #273, Post Falls High School, or the "camp" negligence or carelessness. I understand that I am responsible for any waiver of cost that may be associated with my child's risks of participating in camp. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for heirs, estate, executor, administrator, assignees and all members of my family. I understand that disregard for Post Falls School District #273, Post Falls High School, and/or the "camp" policies and applicable laws may be considered grounds for dismissal from Camp, and prompt return home at my/parent expense.

I hereby certify that my dependant is in good health and I know of no medical reason why he/she is not able to participate in this Camp. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that he/she may sustain while participating in any Camp associated with the above named Camp.

I agree that you may photograph my child during, and in connection with, the Camp. I agree that you shall be exclusive owner of the photograph and copyright and other rights of the photograph.

Camper's signature _____ Parent / Guardian's signature _____
Parent / Guardian – PRINT Name _____ Date _____

EMERGENCY CONTACT INFORMATION – PLEASE PRINT

Name _____ Relationship to participant _____
Contact# _____