

COMPLETE CAMP REGISTRATION FORM

- **Date of camp** _____
 - **Location of camp** _____
 - **Your coach's name & team** _____
-

Congratulations! You have made a decision to participate in a Playmakers football camp. You will need to complete the following information to enroll.

This year's THEME is CHARACTER and becoming a HERO, and we will have several speakers and assignments on this subject. It's a must that we build young men and women of character, and this is the core of our camp. We encourage all parents to attend at the conclusion of each day to hear our messages and assignments.

The COST OF CAMP is your **COMMITMENT** to participate in serving in the community throughout the year, when called upon.

No camper will be allowed to participate unless this entire form is completed and signed by their Parent or Guardian.

Camper's Name _____

E-mail address _____

Address _____ Day Phone _____

_____ Cell Phone _____

Parent/Caregiver's name _____ E-mail address _____

If you are a high school camper, would you like to mentor a younger kid? Yes _____ No _____

If you are a youth camper, would you like to have a mentor assigned to you who will keep in touch with you throughout the year? Yes _____ No _____

California Camps

High School Coaches will bring all forms with them Day One of Camp.

Youth Camp Coaches: All forms are to be mailed to:

Playmakers, 1650 Klamath River Drive, Rancho Cordova CA 95670

For Questions: Coach Roeszler: coachroz@theplaymakers.org, 916-220-1284

Omaha Camps

Youth camp: Mail this form to Donna Miesbach, 2805 S. 161 Plaza, Omaha NE 68130

For Questions: Donna Miesbach, dmiesbach@tconl.com, 402-330-2474

PLAYMAKERS
EMERGENCY CONTACT/HEALTH INSURANCE INFORMATION

(PLEASE PRINT)

Camper's Name _____

Date of Birth _____ Age _____

Address _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACTS

Contact's Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Contact's Name _____ Relationship _____

Home Phone _____ Cell Phone _____

HEALTH INSURANCE

Private Insurance _____ MediCal _____ Other _____

Insurance Company Name _____

Policy Number _____ Group Number _____

Policy Holder's Name _____

Family Doctor _____

City _____ Phone _____

HEALTH HISTORY

Do you have any pre-existing or present medical conditions? If yes, please explain:

Please give the name and dosage of any medication you are currently taking, and any medications you have taken in the last 6 months:

Do you have any allergies? If yes, what are they?

Please check any or all that apply:

Hay Fever	_____	Heart Condition	_____
Insect Bites	_____	Epilepsy	_____
Asthma	_____	Nervous Disorders	_____
Diabetes	_____	Physical Handicap	_____
Other	_____		

If any of the above are checked, please give details, and include an explanation of your treatment and if you've had any allergic reaction to the treatment:

Have you had any major illness in the past year? If yes, please give explanation:

Date of last tetanus shot? _____ Do you wear contact lenses? _____

Do you have any activity restrictions that would prevent you from fully participating in camp? If yes, please explain:

**PLAYMAKERS
MEDICAL & LIABILITY RELEASE STATEMENT**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person(s) listed as emergency contact(s) for this child. If my child/ward is injured during the activity dates shown on this form and I cannot be reached, I hereby give my permission for the coaching staff of Playmakers and the host site to seek immediate medical care. I also give the physician and/or dentist permission to begin medical treatment immediately.

I understand that extreme safety precautions will be taken at all times by Playmakers coaching staff and its agents during Youth and High School Football Camps. I understand the possibility of unforeseen hazards and know that there are inherent risks involved for participants attending football camp. I agree **NOT** to hold Playmakers, the host site, or any other location, their employees and volunteers liable for any damages, losses or injuries incurred by the athlete whose Parent/Guardian signs this form. I understand that I am financially responsible for my child/ward's medical care should it be required.

SIGNATURE: _____
(Signature of Parent/Guardian required if participant is under the age of 18)

DATE _____