

2012 Application



The Al Golden Football Camp, LLC

5821 San Amaro Drive • Coral Gables, FL 33146

Camp Hotline : 1.855.242.2288 • Fax: 305-284-4617

VISIT US ON THE WEB AT algolden.com FOR MORE INFORMATION

CAMPER INFORMATION

CAMPER'S NAME: LAST FIRST MI

ADDRESS: STREET CITY

STATE ZIP CELL PHONE HOME PHONE

SCHOOL (FULL NAME)/GRADE IN FALL '12

T-SHIRT SIZE HEIGHT WEIGHT DOB

EMAIL ADDRESS – THIS WILL BE HOW YOU RECEIVE CONFIRMATION AND ALL ADDITIONAL CAMP INFORMATION.

Offensive Position (Circle One) OL TE RB WR QB

Defensive Position (Circle One) DL LB DB

CONSENT TO TREATMENT – LIMITATION AND WAIVER OF LIABILITY

Camper Name: _____

In the event of injury to or illness of our son/daughter/ward, _____, born on this date: _____, I (we) hereby authorize the University of Miami, or representatives thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. It is the responsibility of the parent/guardian to inform the camp in writing of any changes.

The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby release the Al Golden Football Camp, LLC, the University of Miami, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

ASSUMPTION OF RISK AND RELEASE

The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it an inherent risk of physical injury. In consideration of the registrant's participation in the camp, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge The Al Golden Football Camp, LLC, The University of Miami, its trustees, employees and agents from any and all liability, claim, or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and/or participation in the camp.

PHOTOGRAPHIC RELEASE

I hereby authorize the Al Golden Football Camp, LLC, University of Miami and the members of its staff to take such photographs, for websites, television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publications as the University of Miami or its staff in its sole direction consider to be of benefit to said University. I hereby waive any rights that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may be applied.

Parent/Guardian Name (Print) Emergency Contact Number

Parent/Guardian Signature Date

The Al Golden Football Camp, LLC is a separate legal entity from the University of Miami, and it is not sponsored, endorsed, selected, affiliated or recommended by the University of Miami. The above registration form must be completed in its entirety or the players will be unable to participate in the camp. All campers must provide valid health insurance information.

CAMP SESSION

INSTRUCTIONAL CAMP – GRADES 6-12 \$59 PER CAMPER – (CHECK BOX TO LEFT OF DATE)

JUNE 3 JUNE 9 JUNE 10 JUNE 21 JUNE 23

(BY SELECTING THE CAMP DATE(S) ABOVE, YOU GIVE PERMISSION TO AL GOLDEN FOOTBALL CAMP STAFF MEMBERS TO CONTACT YOU REGARDING CAMP DETAILS AND LOGISTICS.)

CHECK THIS BOX AND SELECT ONE
(1) ADDITIONAL CAMP DATE AND
PAY JUST \$30 MORE!

"2-4 L J" SPECIAL

LUNCH - \$8 (1 BURGER, 1 HOT DOG, BAG OF CHIPS & UNLIMITED DRINK – NOT INCLUDED IN CAMP PRICE)

PAYMENT

Please send payment with your application

PAYMENT BY: CASHIER'S CHECK MONEY ORDER

TOTAL AMOUNT ENCLOSED: \$ _____

NOTE: Make cashier checks & money orders payable to the "AL GOLDEN FOOTBALL CAMP". Please send check and application to:

AL GOLDEN FOOTBALL CAMP, LLC
5821 SAN AMARO DRIVE
CORAL GABLES, FL 33146

CAMPER HEALTH FORM

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. Physical conditions that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illnesses, current medications include:

CHECK ALL THAT APPLY

Asthma Concussions
 Bleeding Disorders Heart Disease
 Convulsions Rheumatic Fever
 Diabetes

Allergies to drugs: _____

Last Physical Examination (date): _____

Last Tetanus Immunization (date): _____

Current Medications: _____

Chronic or Recurring Illnesses: _____

Operations/Injuries (including dates): _____

Physical Restrictions: _____

Physician Name/Phone #: _____

Dentist Name/Phone #: _____

Name of Insurance: _____

Policy Number: _____

Name of Employer: _____

Employer Phone Number: _____

Name of Policy Holder: _____

Parent/Guardian Signature

Date