

# FULL CONTACT TEAM CAMP

## PLAYER REGISTRATION

PLEASE PRINT

Team: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_

Grade Next Year: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Position(s) Played: \_\_\_\_\_

T-Shirt Size: S M L XL XXL XXXL

## MEDICAL LIABILITY INFORMATION

In case of emergency, contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

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

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Medical conditions the youth program staff and medical emergency services personnel need to be made aware of:

As the parent/legal guardian of the camper named here \_\_\_\_\_ participant, it is understood that playing or participating in any sport can be a dangerous activity in involving MANY RISKS OF INJURY. It is understood that the dangers and risks involved with playing or participating in football may result not only in serious injury, but in a serious impairment of one's future abilities to earn a living. The following additional activities are engaged at the Western Mountaineer Football Team Camps. Each participant may be involved in any one of these activities. Each of these activities also has certain inherent risks similar to those mentioned above. These activities include but are not limited to: running, transported by vehicle, weight lifting and more. By signing below, the participant and parent/legal guardian hereby assume all risks associated with participation and agree to hold Western State Colorado University, the Western State Colorado University Mountaineer Football Team Camps, the Western Mountaineer Football Team Camp director and all agents, coaches and volunteers harmless from any and all liability. The terms hereof serve as a release and assumption of risk. Additionally, by signing below, the participant and parent/legal guardian understand, in the event of an emergency, every effort will be made to contact them. However, in the event they cannot be reached, this form hereby gives permission to the physician selected by the Western State Colorado University Mountaineer Team Camps to hospitalize and secure proper treatment (including surgery) for the participant. By the parent and participant signing this form, they are agreeing to abide by all camp rules and reasonable authority of the camp staff and that participant has been deemed physically able to participate in football and recreation activities by a physician.

Parent/Legal Guardian (print) Signature Date

Camper (print) Signature Date

Preferred method of payment:  
Team Check or School Credit Card  
**NO PERSONAL CHECKS WILL BE ACCEPTED**  
Make Checks Payable to: Western State Colorado University  
Place "Football Camp" in memo

Send application and payment to:  
Western State Colorado University  
Attention: Jas Bains  
600 N.Adams  
Gunnison, CO 81231

\*High school coaches, please collect all applications and payments for your team and mail-in postmarked before **MAY 20th**  
All forms must be received or notified to Western State Colorado University Football before the individual will be able to participate in camp