

TEXAS PREMIER FOOTBALL CAMP



In conjunction with



Monday, June 22 & Tuesday, June 23 • 8AM to 4PM
(SMU campus visits from 2PM—4PM each day)

Lake Highlands Park
1000 N Buckner Blvd., Dallas, TX 75218

www.texaspremiercamp.com

2009 TEXAS PREMIER FOOTBALL CAMP

IN CONJUNCTION WITH THE CIRCLE TEN COUNCIL, BOY SCOUTS OF AMERICA

3801 N. Capital of Texas Highway E240.106
Austin, TX 78746
512-696-0235

DALLAS REGISTRATION CHECK LIST

- Application
- Camp Waiver
- SMU Campus Tour Waiver
- Copy of Physical Check up
(OR a Medical History Form if you do not have access to a copy of physical)
- Full Payment—Checks made payable to **JTW Partnership**
(If you are a Circle Ten Council guest, please check appropriate box on Application.)

Please return forms to address listed above (Attn: Texas Premier Football Camp) or to the Circle Ten Council office.

TENTATIVE CAMP SCHEDULE

8:00AM - 8:20AM	Welcome
8:30AM - 11:30AM	Practice
11:45AM - 12:45PM	Lunch and NFL Player Talks
1:00PM - 2:00PM	Practice
2:15PM	Buses depart for SMU on behalf of the Circle Ten Council, Boy Scouts of America
4:00PM	Buses arrive at Conrad High School for camper pickup

WHAT TO WEAR AND BRING

- Camp T-Shirt (both days)
- Athletic Shorts
- Athletic Footwear or Cleats
- Sunscreen
- Water Jug (Water will be provided but plenty of fluids will be important this time of year.)
- Positive Attitude!



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APPLICATION

* Optional

Circle Ten Council, Boy Scouts of America Guest

Camper First Name: _____

Camper Last Name: _____

T-Shirt Size: YM YL AS AM AL AXL AXXL AXXXL

(*NOTE: We will NOT be able to accommodate size exchanges until camp conclusion.)

Grade: _____

Age: _____

*Height: _____

*Weight: _____

*Position (offense): QB, WR, RB, TE, OL, K

*Position (defense): LB, CB, S, DL

Address: _____

City: _____

State: _____

Zip: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

(*NOTE: Email is required for confirmation and for camp detail updates.)

Parent/Guardian's Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

*How did you learn about the camp? _____



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CAMP WAIVER OF LIABILITY

In consideration of being allowed to enter the 2009 Texas Premier Football Camp and participate on Monday, June 22 & Tuesday, June 23, 2009 at Lake Highlands Park, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in the 2009 Texas Premier Football Camp. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest camp employee or official immediately;

I am aware that there are inherent risks associated with participation in the 2009 Texas Premier Football Camp program as is in other football camp programs and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, the 2009 Texas Premier Football Camp, Clutchtime Sports, LLC, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in the 2009 Texas Premier Football Camp, its programs and activities.

NOTE: For safety and security reasons, only participating campers will be allowed on the field before, during and after camp.

Participant Name _____ Participant Date of Birth ____/____/____

Participant Signature _____

Parent/Guardian Signature _____ Date ____/____/____



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SMU CAMPUS AND ATHLETIC FACILITY TOUR CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers and guests under 21 years of age to participate in The 2009 Texas Premier Football Camp - SMU Campus and Athletic Facility Tour. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed.

First name of participant and middle initial _____

Last name _____

Age during activity ____ Birth date (month/date/year) __/__/__

Address _____

City _____ State _____ Zip _____

YES / NO (circle one) - to participate in SMU Campus and Athletic Facility Tour. This tour includes a bus ride from the football camp site to SMU, Dallas.

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risks involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, Circle Ten Council, the Texas Premier Football Camp, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code & telephone number (best contact and emergency contact) _____

Email _____

(for use in sharing more details about the trip and activities)

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MEDICAL HISTORY FORM

NOTE: This form is only needed if you DO NOT have a copy of a physical (within one year of the camp) to turn in for the participant.

For Parent/Guardian Completion Only

Legal Name of Participant: Last _____ First _____
Address _____
City _____ State _____
Zip _____ Date of Birth ____/____/____
Male/Female _____ Phone Number () _____

Participant Medical History

- | | | |
|---|-----|----|
| 1. Are there any injuries requiring medical attention? | Yes | No |
| 2. Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. Is the participant currently under the care of a medical practitioner? | Yes | No |
| 4. Is the participant currently taking any medications? | Yes | No |
| 5. Does the participant have allergies (penicillin, bee stings, etc.)? | Yes | No |
| 6. Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. Is the participant diabetic/require medication for diabetes? | Yes | No |
| 8. Does the participant currently require medication? | Yes | No |
| 9. Does the participant have/had seizures? | Yes | No |
| 10. Does the participant wear glasses or contact lenses? | Yes | No |
| 11. Does the participant wear a brace or other medical support device? | Yes | No |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

I hereby certify that this information is accurate to the best of my knowledge and that the participant above has been cleared to participate at the 2009 Texas Premier Football Camp. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization officially in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signed _____ Print Name _____
Relationship to participant _____ Date ____/____/____
Participant Signature _____

