



# SYSTEM CAMPS REGISTRATION FORM

WWW.THESYSTEMCAMPS.COM

OVERNIGHT CAMP - MEALS & DORM INCLUDED, campers must bring linens, toiletries, etc.		
\$225 per player *LIMITED TIME DISCOUNT \$100 per coach for teams bringing 20 or less campers	<input type="checkbox"/> MIDDLE TN STATE UNIVERSITY	JULY 10-11
DAY CAMPS – LUNCH & DINNER PROVIDED		
\$192 per player *LIMITED TIME DISCOUNT \$25 per coach	<input type="checkbox"/> LEXINGTON CHRISTIAN, KY	JUNE 14-15
Day CAMPS - MEALS ON YOUR OWN		
\$225 per player	<input type="checkbox"/> MEPHAM, NY	JUNE 22-23
\$200 per player	<input type="checkbox"/> WEST TEXAS, TX	JULY 13-14
	<input type="checkbox"/> OLENTANGY LIBERTY, OH	JUNE 28-29
	<input type="checkbox"/> JAMES RIVER, VA	JUNE 19-20
SLING BREAK QB/WR CAMP \$695 QB \$300 WR	<input type="checkbox"/> Mexico Beach, FL	MAY 13-14
QB/WR CAMP \$300 QB \$150 WR	<input type="checkbox"/> CHARLES HENDERSON, TROY AL	JUNE 9

Player Information or Coach Information: Please Check  Player  Coach

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

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

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

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_ HFC: \_\_\_\_\_

Shirt Size:  Medium  Large  X Large  XX Large  XXX Large

Choose One Offense Position:  X  Y  Z  QB  H  F  OL

DEFENSIVE Position: \_\_\_\_\_

Parent Name: \_\_\_\_\_ (please print) Mother's Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Info: Check for \$\_\_\_\_\_ (Payable to "The System Camps") Credit Card  Visa  Mastercard  Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp Date \_\_\_\_\_ (MM/YY) Security Code: \_\_\_\_\_  
(Three number code on back of card)

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

**DEADLINE: LCA & MTSU PRICES INCREASE JUNE 1**

**INDIVIDUAL APPLICANTS ACCEPTED UP TO DAY 1 OF CAMP. NO CAMPER WILL BE TURNED AWAY.**

**PYMT METHODS:** check or money order payable to "System Camps," or credit card. Online via paypal: [www.thesystemcamps.com](http://www.thesystemcamps.com)

**PO BOX 22826 LEXINGTON, KY 40522 800-804-8786**

**SUMMER Camps consist of 8 practices\*, position video sessions, total team concept, all will be taught by the best System coaches. System Camps reserves the right to cancel an event. Lightning-no refunds. HELMET (by state) & WRISTBAND REQUIRED**



Medical Information

Person to contact if unable to reach parents: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Please respond to all questions below:

1. Do you have Diabetes? \_\_\_\_\_ If yes, give insulin dosage: \_\_\_\_\_

2. Do you have Epilepsy? \_\_\_\_\_ If yes, give medication: \_\_\_\_\_

3. Do you have Heart Disease? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

4. Any other health problems? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

5. Are you allergic to any medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

6. Are you allergic to insect stings? \_\_\_\_\_ If so, what does your doctor recommend? \_\_\_\_\_

7. Date of last tetanus shot. \_\_\_\_\_

Consent Release – Minor's Rights

In consideration of The System Camps (TSC) allowing the aforementioned player to participate in the Camp, I, the undersigned Parent/Guardian, hereby release and hold harmless TSC, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the Camp.

Release – Parents'/Guardians' Rights: In consideration of TSC allowing Minor Participant to participate in the Camp, I, the undersigned Parent/Guardian, hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from minor Participant's participation in the Camp.

Photo/Video Release: TSC reserves the right to use any photos for promotional marketing for future Camps

Indemnification by Parent/Guardian: In consideration of TSC allowing Minor Participant to participate in the Camp, I, the undersigned Parent/Guardian, agree to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the Camp.

Emergency Medical Treatment: In case of a medical emergency, I give TSC and their medical training staffs my permission to perform or to sign for any medical assistance, which may be deemed necessary.

Behavior Policy: The undersigned Parent/guardian acknowledges and agrees that if Minor participant becomes a problem or violates camp rules or is involved in any other on-campus violation, he will be sent home at my expense. TSC is not responsible for supervision of campers who choose not to participate on the football fields.

Weather Policy: No refunds will be given for practices delayed or cancelled due to inclement weather and/or lightning.

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date