



SYSTEM CAMPS REGISTRATION FORM

WWW.THESYSTEMCAMPS.COM

OVERNIGHT CAMP - MEALS & DORM INCLUDED, campers must bring linens, toiletries, etc.

\$300 per player
\$250 commuter rate (meal pass, no dorm)
\$100 per coach for teams bringing 20 or less campers

☐ MURRAY STATE UNIVERSITY JULY 12-13

DAY CAMPS - LUNCH & DINNER INCLUDED

\$225 per player
\$25 per coach

☐ LEXINGTON CHRISTIAN, KY JUNE 18-19
☐ MEPHAM, NY JUNE 25-26

Day CAMPS - MEALS ON YOUR OWN

\$200 per player

☐ WEST TEXAS, TX JULY 9-10
☐ VA JUNE tba

SLING BREAK QB/WR CAMP \$695 QB \$395 WR

☐ Mexico Beach, FL MAY 12-13

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: _____

Ages 5th – 12th graders

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

206 LOUISIANA DR. MEXICO BEACH, FL 32456

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 & 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