



LIFE SUCCESS 4 ATHLETES, INC.

1st Annual Pro Time Combine and Development Camp and Team 7 on 7 Registration.

CAMPER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

AGE GRADE (FALL 2009) SCHOOL \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME PHONE OTHER PHONE \_\_\_\_\_

SHIRT SIZE (Circle one) ADULT - S M L XL XXL XXXL

PLEASE CIRCLE ONE OFFENSE AND ONE DEFENSE PREFERRED POSITION

OFFENSE

- Running Back
Receiver
Tight End
Offensive Lineman
Quarterback

DEFENSE

- Linebacker
Cornerback
Safety
Defensive Lineman

HOW DID YOU HEAR ABOUT THE CAMP? \_\_\_\_\_

I understand that my child could be seriously or mortally injured or have personal property stolen as a result of my child's participation in the ProTime Combine and Development Camp and Team 7 on 7 Camp. I, on behalf of myself and as the parent/legal guardian of my child agree to waive all claims arising from personal injury (including death), medical expenses or property loss against the Camp, any employees, volunteers, directors, officers, or independent contractors of the Camp. I also agree to hold harmless and indemnify the Released Parties from any and all claims that arise from my child's personal injury (including death), medical expenses, or property loss.

I certify that my child has been examined by a physician within the past year and found to be in good health and able to participate in all camp activities without restriction. I am aware of no medical condition that may increase my child's risk of illness or injury. In the event of an emergency, I authorize the Camp to act for me in my absence regarding emergency medical care. I agree to be financially responsible for all medical expenses.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Promotional Materials Agreement

\_\_\_ I give my permission to the ProTime Combine and Development Camp and Team 7 on 7 Camp to use photo or video of the above registrant in their promotional materials.

\_\_\_ I do not give my permission to the ProTime Combine and Development Camp and Team 7 on 7 Camp to use photo or video of the above registrant in their promotional materials.

Emergency Contact #1 Relation to Child

Contact Phone Number #1

Emergency Contact #2

Relation to Child

Physician:

Physician Phone Number:

Dentist:

Dentist Phone Number:

Insurance Company:

Policy Number:

Policy Holder Name:

Health concerns or allergies:  yes  no

Explain:

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Does your child require special medical attention?  Yes  No

Explain:

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Does your child have any pre-existing conditions?  Yes  No

Explain:

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Does your child have any previous injuries/ illnesses that may affect participation in the camp?  Yes  No

Explain:

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Name and Dosage of Medications currently taken by child:

Explain:

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If your child has special needs for medical attention during the day camp officials should be notified of, please note here.

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REGISTRATION DEADLINE: JULY 1<sup>st</sup> for the \$150 rate. Registrations received after July 1<sup>st</sup> will be assessed a \$25.00 fee. A \$25.00 non-refundable administrative charge (per camper) will be applied to all cancellations.

Send registration and payments to:

LS4 ProTime, 1053 20<sup>th</sup> Ave, Coralville, IA 52241 or email questions to mhughes@ls4a.com