

LinemenInc.

1745 Duchess Terrace, Brentwood, CA 94513 (925) 240-6629

Name _____ Height _____ Weight _____ Grade Sept. 2012 _____ Age _____

Address _____ City _____ State _____ Zip _____

LinemenInc Camps are for high school players only, ages 14-18

Camp Attending

___ Southern California, California State University, Long Beach, June 22, 23 & 24

___ Equipment rental requested (Helmet size _____ Shoulder Pad size _____ \$20 EACH)

Completely fill in each line

Years of playing experience _____

Coach's Name: _____ School _____ City _____

Roommate Preference: _____ Jersey Size (Circle): L XL 2XL 3XL 4XL

Release of Liability

I, _____ give my son permission to attend LinemenInc Football Camps. Enclosed is a \$100.00 reservation fee for the session my son will be attending. This fee will be applied to the tuition of the LinemenInc Football Camp. The balance of the tuition will be due before entering the LinemenInc Football Camp. I have no knowledge of any physical impairment that would affect or be affected by my son's participation in LinemenInc Football Camps. I give permission for the LinemenInc training staff to act for me, to obtain for him, any treatment it deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and I will take full responsibility for any and all medical charges in connection with my son's attendance at any LinemenInc Football Camps. I understand and acknowledge that my son will be participating in a sport that will involve physical contact with another person, or object, including the ground, while in attendance at LinemenInc Football Camps, which may incur a risk of injury. I specifically waive and release the LinemenInc Football Camp, its owners and staff members, from any liability for any claims for damages, which I or my son may have from injuries or illness that he sustain at the LinemenInc Football Camp. I authorize LinemenInc Football Camps to use my son's name, photographs of my son and/or articles about my son for publicity purposes.

Insurance Company: _____ Policy # _____

Home Phone () _____ Work Phone () _____

Email of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

FOR OFFICE USE ONLY

Check No. _____ Amount _____ Date: _____

Check No. _____ Amount _____ Date: _____