

# LinemenInc

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

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade Fall 08 \_\_\_\_\_ 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 21, 22 & 23**  
\_\_\_\_ Equipment rental requested (available only for the Long Beach Camp)

\_\_\_\_ **Northern California, University of the Pacific, Stockton, June 28, 29 & 30**

**Offensive and Defensive Position**  
(Circle One Offense and One Defense)

**Offense:**            Center                                  Guard                                  Tackle                                  Tight End

**Defense:**            Defensive Tackle                                  Nose Guard                                  Defensive End

**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 (    ) \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_