



AKRON ZIPS YOUTH FOOTBALL CAMP

Monday, June 19, 2006 and/or Tuesday, June 20, 2006

9:00 a.m. – 3:00 p.m. ~ Athletics Field House

Check In ~ 8:30 a.m. ~ Field House Lobby

\$50 / 1 day; \$85 / 2 days (includes staff instruction, camp t-shirt, insurance and lunch)

Ages 6 - 12

Please complete registration form below and return with check/money order (*payable to The University of Akron*) to:

The University of Akron

Youth Football Camp

373 Carroll Street - Rhodes Arena, Suite 83

Akron, OH 44325-5201

Akron Zips Youth Football Camp Registration Form

Name _____ Age at Camp _____ Indicate day(s) you would like to attend:
 Address _____ City _____ Zip _____ ☐ June 19 - \$50 ☐ June 20 - \$50
 Parent / Guardian _____ ☐ June 19 & 20 - \$85
 Home Phone (_____) _____ Cell Phone (_____) _____
 Emergency Contact Name _____ Relationship _____ Phone (_____) _____
 Allergic Reactions _____ Medication(s) Currently Taking _____
 Check if known to have any of the following conditions:
☐ Diabetes ☐ Epilepsy ☐ Hemophilia ☐ Heart Condition
 Past illness or other information that would be useful in the event that treatment is necessary: _____

Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the ZIPS Youth Football Camp being held at The University of Akron (collectively referred to as "UNIVERSITY") on **Monday, June 19, 2006 and/or Tuesday, June 20, 2006.**

In consideration for being allowed to participate in said activity, I hereby release, waive and discharge the UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. The release shall be binding upon any heirs, administrators, executors and assigns of mine.

I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of the UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity.

Signature of Parent / Guardian _____

PRINTED Name of Parent / Guardian _____

Date _____

FOR OFFICE USE ONLY:

Total Amount Enclosed \$ _____ Cash _____ Check # _____ ☐ 6/19 ☐ 6/20 ☐ 6/19 & 20