

PARENTAL MEDICAL INFORMATION & WAIVER PERMIT

Camper's Name \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_

Parent/Guardians Social Security # \_\_\_\_\_

Parent/Guardians Medical Insurance Carrier \_\_\_\_\_

Insurance Group # \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

I give my permission for LHU medical personnel and affiliated health care providers to render whatever medical care and/or treatment they deem appropriate for my child, \_\_\_\_\_, while attending the Lock Haven University Youth Football Camp. I also give my permission to transport \_\_\_\_\_ to the hospital for treatment.

Parent/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ is physically able to participate in the Lock Haven University Youth Football Camp. *(Please note any restrictions on a separate sheet.)*

\*\* Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Address \_\_\_\_\_

**\*\*If NO Physician signature, Parent MUST sign below.**

I assume full responsibility for my child's physical condition in regards to participating in the Lock Haven University Youth Football Camp.

Parent/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

# LOCK HAVEN UNIVERSITY YOUTH FOOTBALL CAMP

# FREE

Ages 8-12

Saturday, April 30<sup>th</sup> 2005

10:00 a.m. - 2:00 p.m.

Zimmerli Intramural Field



# YOUTH FOOTBALL CAMP ITINERARY

10:00 – 10:20 a.m. – Check-in: Zimmerli Parking Lot

10:20 – 10:30 a.m. – Warm-up and Stretch

10:30 – 11:45 a.m. – All Defensive Position Drills

11:45 a.m. – 12:15 p.m. – BREAK

12:15 – 12:25 a.m. - All Offensive Position Drills

1:45 p.m. – Coach Klacik

2:00 p.m. – Pick-up

Camp will be conducted by the LHU Football Coaching Staff and LHU Football Players

**\*MUST Pre-Register – NO Walk-ins will be admitted\***

For additional information, please call the Lock Haven Football Office of Brian Jenkins at (570) 893-2112.



# LOCK HAVEN UNIVERSITY YOUTH FOOTBALL CAMP REGISTRATION FORM

Name\_\_\_\_\_

Home Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home Phone #\_\_\_\_\_ Age\_\_\_\_\_ Grade\_\_\_\_\_ (Fall'05)

School\_\_\_\_\_

*While at LHU I promise to conform to all regulations of the LHU Youth Football Camp. I hereby release all staff and Lock Haven University from all claims (present and future) resulting from any injury which may be sustained while attending camp.*

Camper Signature\_\_\_\_\_

Parent/Guardians Signature\_\_\_\_\_

Date\_\_\_\_\_

## **IMPORTANT!**

Completed Registration Form and Parental Medical Information and Waiver Permit **MUST** be received in the LHU Football Office by Wednesday April 27<sup>th</sup>, 2005

Send to: Lock Haven University  
Football Office  
Bentley Hall  
Lock Haven, PA 17745