



July 10-11, 2010
9:00 a.m. – 12:30 pm
Location: UC San Diego NCRA Fields
Improve your skills with Pro Bowl QB Philip Rivers

**Philip Rivers Football Camp
 APPLICATION**

FULL TUITION OF \$199.00 MUST ACCOMPANY THIS APPLICATION. Send completed registration form with payment (check or money order) or complete credit card information payable to: Philip Rivers Football Camp, c/o ProCamps, 4600 McAuley Place, 4th Floor, Cincinnati, Ohio 45242. Refunds for any reason, less \$35.00 handling fee, will only be available until June 26, 2010.

PERSONAL INFORMATION (Please complete)

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Age _____ Birthday (xx/xx/xxxx) _____ Gender _____ School _____

How did you hear about camp? _____

Preferred Doctor _____ Doctor Phone _____

Preferred Hospital _____ Hospital Phone _____

Hospital Address _____

Medical History (allergies, injuries, etc.) _____

Parent/Guardian Name (first & last) _____ Cell Phone _____

Parent's Email Address _____

Health Insurance Provider _____ Policy Number _____

Name of Insured _____ Relationship to Camper _____

Address of Insured (if different than above): _____

The signature below authorizes ProCamps to charge my Visa or Master Card account \$205.00 (includes \$6.00 convenience fee)

Card Type (circle one) Visa Amex Master Card Account Number _____

Signature _____ Expiration Date _____

As additional consideration given for my son, daughter or ward ("Camper") to participate in the Philip Rivers Football Camp ("Camp"), I, the undersigned, (a) verify that my Camper is physically fit to participate in the strenuous athletic activity at the Camp; (b) release the Philip Rivers Football Camp, University of California San Diego, ProCamps Ltd, Philip Rivers, and all operators members, coaches, trainers, contractors, employees, volunteers and sponsors (collectively, the "Camp Operations") from any and all claims, liability, causes of action, losses, and damages resulting from or arising out of injury, illness, or property damage or loss to my Camper related directly or indirectly to the Camp; (c) verify that I have completely informed the Camp Operations of all medical conditions of my Camper and will immediately notify the Camp of any change in the medical condition of my Camper that occurs prior to or during the Camp; (d) make all arrangements necessary, and advise Camp Operations accordingly, for any anticipated administration of any medication or medical treatment to my Camper during the Camp; (e) verify that I will hold my Camper out of participation in the Camp if I have any doubt at any time related to the fitness of my Camper to so participate; (f) authorize any representative of the Camp to act for me according to their best judgment in an emergency requiring medical attention for my Camper; (g) understand and agree that I am solely responsible for the payment of any such medical expenses and that I am responsible for providing proof of medical and accident insurance to the camp; (h) verify that my Camper and I are in compliance with my Camper's state's high school athletic association's regulations; (i) understand and agree that my deposit is subject to a handling fee; (j) consent to the Camp and the Camp photographer taking and/or using photographs, videos, or audio recordings in any form of my Camper for promotional/marketing purposes and agree that all photographs, videos, or audio recordings are and shall remain the sole property of Pro Camps Ltd; (k) understand and agree that the Camp Operations can refuse to permit my Camper to participate in the Camp for any reason at any time and, in that event, will refund an appropriate portion of the tuition less handling fee; (l) verify my authority to sign this application and that I will indemnify and hold harmless the Camp Operations for any and all loss and damage, including reasonable attorney fees, related in any way to this verification; and (m) this document will be construed under the laws of the State of Ohio.

Parent or Guardian Signature _____ Date _____ Emergency Phone Number _____

*A confirmation email will be sent to each participant upon acceptance into the Philip Rivers Football Camp. Specific site information and directions will be included with your confirmation. For additional information, please contact Jake Moylan at 513/793-2267 or e-mail jmoylan@procamps.com.

PHONE
(513) 793-2267



FAX
(513) 297-7205