



CAMP ATHLETE FIRST NAME	
CAMP ATHLETE LAST NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	
EMAIL	
AGE	14, 15, 16, 17, 18, 19
GRADE (FALL 2010)	9TH, 10TH, 11TH, 12TH, GRADUATE
SCHOOL	
OFFENSIVE POSITION	OFFENSIVE LINE, QUARTERBACK, RUNNING BACK, WIDE RECIEVER
DEFENSIVE POSITION	DEFENSIVE LINE, LINEBACKER, DEFENSIVE BACK
TSHIRT SIZE	S, M, L, XL
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT RELATIONSHIP	
EMERGENCY CONTACT HOME PHONE	
EMERGENCY CONTACT WORK PHONE	
EMERGENCY CONTACT CELL PHONE	
WAIVER AGREEMENT	
<p>MEDICAL AUTHORIZATION The Participant at the Jim Leonhard Football Skills Camp has my permission as parent/guardian to attend and in the event of any injury or illness, I hereby give my consent for medical treatment. Furthermore, I/we as parents/guardians agree to be responsible for any medical charges or fees resulting from the Participant's attendance and participation at the Jim Leonhard Football Skills Camp.</p>	
<p>WAIVER/INDEMNITY The Participant at the Jim Leonhard Football Skills Camp together with the Participant's parents/guardians hereby waive and release the Jim Leonhard Football Skills Camp, its coaches, employees and volunteers, from any and all injury, illness, liability, loss or damage that Participant may suffer as a result of participation in said Camp. In addition, the Participant's parents/guardians hereby agree to indemnify the Jim Leonhard Football Skills Camp together with its coaches, employees and volunteers from any and all injury, illness, liability, loss or damage that the Participant may suffer as a result of participation in said Camp.</p>	
<p>IF YOU ARE UNDER THE AGE OF 18 YOU WILL NOT BE ABLE TO PARTICIPATE WITHOUT THE PERMISSION AND SIGNATURE OF A PARENT OR GUARDIAN.</p>	
<p>As the parent or legal guardian of the minor Participant, I hereby grant the Jim Leonhard Football Skills Camp, its agents and assigns, and its sponsors and corporate sponsors (collectively, the "Camp Organizers"): i) full and unconditional permission to take photographs, video and/or audio recordings (collectively, "Recordings") of Participant and the property of the Participant before, during and after the Jim Leonhard Football Skills Camp sessions; and ii) the exclusive, world-wide, perpetual right to use the Recordings, together with the name, likeness, and biography of the Participant for publicity, advertising, exhibition or other use, including use on the Internet, whether or not for profit, by reproduction, sale or any other distribution in any media known or hereafter developed. In addition, I hereby grant permission to the Camp Organizers to furnish my mailing address as given at registration to the sponsors and corporate sponsors of the Jim Leonhard Football Skills Camp for their discretionary use, which may include use in mailing materials to that address.</p>	
PRINT PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE
<p>Please mail with payment to Mark Stamper at Flambeau High School, N4540 Cty Hwy I, Tony, WI 54563 Thanks to the Wisconsin National Guard the camp cost will remain \$75 throughout registration. Make checks payable to JLeonhard LLC.</p>	