

2008 UB FOOTBALL CAMP REGISTRATION FORM

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Age: _____
 Emergency Phone: _____ Entering grade in Fall '08 _____
 E-mail Address: _____ Height: _____ Weight: _____
 High School Coach: _____ High School Name: _____
 Position (circle one of each) OFFENSE: QB WR RB TE OL DEFENSE: DT DE LB DB

Please indicate the camp(s) you are registering for:

TURNER GILL'S ELITE FOOTBALL CAMPS

Registration for all camps begins at 8:00 am each day

- NYC Camp: SUNY MARITIME – Saturday, June 14 \$35
- Buffalo Camp: (UB Stadium) Buffalo, NY – Saturday, June 21 \$35
- Buffalo Camp: (UB Stadium) Buffalo, NY – Sunday, June 22 \$35
- Buffalo Camp: (Rotary Field) Buffalo, NY – Saturday, June 28 \$35
- 2-Day Buffalo Camp Combo - June 21 & 22 \$60

*Total enclosed (less team discount if applicable) \$ _____

*To qualify for 10% team discount, 15 or more members of the same high school team must send this registration form with payment before June 1, 2008. Please indicate high school and team name in the appropriate spaces on this form.

All registrations received are on a first come-first served basis.

Please note: NCAA rules prohibit a representative of UB's athletics interests (a booster) who is not naturally or legally responsible for a prospective student-athlete (grades 9-12) from providing any expenses to attend a camp or clinic. Violations of this could result in loss of NCAA eligibility for the prospective student-athlete. If you have questions regarding this or any other NCAA rule, please contact the UB Office of Compliance at (716) 645-3146.

I hereby request that my child be admitted to the UB Football Camp and authorize the directors or any member of the staff to act for me according to their best judgement in any emergency requiring medical attention for which I will pay all costs. I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse.

Parent/Guardian signature

Date

2008 UNIVERSITY AT BUFFALO TURNER GILL'S ELITE FOOTBALL CAMPS APPLICATION



Register with credit card online at www.ubcamps.com, or return completed registration form, medical form (on back) and payment (check or money order ONLY) payable to UB Foundation to:

UB Football Camps, Attn: Paul Bittar
 University at Buffalo
 104 Stadium Complex
 Buffalo, NY 14260

WAIVER FORM RELEASE FOR MEDICAL TREATMENT

Please complete this application carefully and fill out all of the information. Your admittance to the camp may be delayed if the information is incomplete.

Name: _____

Date of Birth: _____ Sex: _____ Age: _____

Health History: Please list ANY allergies, disease and/or medications (Conditions physicians should be made aware of). Please include a separate sheet if you need more room.

Date of Last Tetanus Immunization: _____

DPT: _____ Booster: _____ Mumps: _____

Polio OPV (Sabin): _____ Booster: _____

Measles Vaccine: _____ Small Pox: _____ Typhoid: _____

German Measles (rubella): _____ Chicken Pox (varicella): _____

Haemophilus Influenzae Type B: _____ Hepatitis B: _____

Family Physician's Name: _____

Physician's Phone Numbers: _____ (Day) _____ (Evening)

Parent/Guardian Authorization: This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature (Required)

Date

Parent/Guardian Health Insurance Company: _____

Policy Number: _____

Address: _____

My child has had a physical recently and may participate in all activities at the UB Camp. I give permission for my child to be treated by a certified athletic trainer or licensed physician. I further agree that the UB Camp staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

Parent/Guardian Signature (Required)

Date

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A FULL TIME TRAINER WILL BE AVAILABLE AT ALL TIMES