

# 2009 UB FOOTBALL CAMP REGISTRATION FORM

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_ Entering grade in Fall '09 \_\_\_\_\_  
 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

- Saturday, **June 13** UB Stadium Amherst, NY \$ 40
- Sunday, **June 14** UB Stadium Amherst, NY \$ 40
- 2-Day Camp Combo - June 13 & 14** \$ 70
- Saturday, **June 20** UB Stadium Amherst, NY \$ 40
- Sunday, **June 21** UB Stadium Amherst, NY \$ 40
- 2-Day Camp Combo - June 20 & 21** \$ 70

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

\*To qualify for 10% team discount, 15 or more members of the same high school team send this registration form with payment before June 1, 2009. 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

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# 2009 UNIVERSITY AT BUFFALO TURNER GILL'S ELITE FOOTBALL CAMPS APPLICATION



Register online at [www.ubcamps.com](http://www.ubcamps.com)  
 or mail application, payment and completed medical form to:

**Turner Gill's Elite Football Camps**  
 University at Buffalo  
 121 Fargo Building • Buffalo, New York • 14261

## 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, medications, special needs, restrictions and/or limitations. Please include a separate sheet if you need more space.

List date(s) of immunization against the following:

- \_\_\_\_\_ Diphtheria
- \_\_\_\_\_ Haemophilus Influenza Type B
- \_\_\_\_\_ Measles
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Poliomyelitis
- \_\_\_\_\_ Rubella
- \_\_\_\_\_ Tetanus
- \_\_\_\_\_ Varicella

Family Physician's Name: \_\_\_\_\_

Physician's Phone Numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Parent/Guardian Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

### 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.

My son/daughter has had a physical recently and may participate in all activities at the UB Camp. I give permission for my son/daughter 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

**A FULL TIME ATHLETIC TRAINER WILL BE AVAILABLE AT ALL TIMES**