



Dabo Swinney FOOTBALL CAMPS



DABOSWINNEYFOOTBALLCAMP.COM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

HOME PHONE: _____ WORK _____ CELL: _____

Email Address: _____

Emergency Contact: _____ Emergency Phone: _____

List people who have your permission to pick-up the camper from camp:

Pick-Up Person - _____ Cell Phone _____

Grade Entering
Grade (FALL 2015) _____ School: _____

Football Position (5th Grade & Older) _____

T-Shirt Size: _____ Roommate Request: _____

CIRCLE CAMP SESSION CAMPER WISHES TO ATTEND

SESSION:	YOUTH 1 (May 30 – 31)	YOUTH 2 (June 6-7)	HIGH SCHOOL 1 (June 8-10)	HIGH SCHOOL 2 & HS Kicking Camp (June 12-14)
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CIRCLE CAMP COMMUTER OR RESIDENT

YOUTH CAMP

\$225 RESIDENT

\$175 COMMUTER

HIGH SCHOOL

\$325 RESIDENT

\$265 COMMUTER

PAYMENT INFORMATION IS ON THE NEXT PAGE

PAYMENT

Circle Payment Choice: **Master Card** **Visa** **Discover**

CC #: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

CC Billing Address _____

Check # _____ Money Order number: _____

REFUND POLICY

****After May 1st, \$75.00 of the camp cost is NON-REFUNDABLE**

Cancellation Requests must be submitted to the following numbers:

Jennifer Benton – Camp Assistant (864) 656-1911 or FOOTBALL-L@CLEMSON.EDU
Ren Windham – Camp Assistant (864) 656-1910 or FOOTBALL-L@CLEMSON.EDU

Dabo Swinney Football Camp PO Box 1585 Clemson SC 29631	Phone 864-656-1911 / 864-656-0609 Fax 864-656-7269 Email: FOOTBALL-L@CLEMSON.EDU	Gift Cards Available
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2015 DABO SWINNEY FOOTBALL CAMP - CAMPER INFORMATION

Medical History

PRINT CAMPERS NAME _____ DATE _____

A. List all medications patient is currently taking. **Please sign this chart only if the Dabo Swinney Football Camp has your permission to administer this drug to the camper at the prescribed time and frequency.**

Drug Name	Drug Dose	Frequency / Time of Day	Parent/Guardian Signature

B. Potential Side Effects (If Any) associated with the above medications.

C. Prescribing Physician (Name, Address, and Phone #):

D. Is patient allergic to any medication? Yes _____ No _____ If yes, List _____

E. List all medical conditions currently under treatment.

F. Does the patient have loss of a paired organ? e.g. kidney, eye? Yes ___ No ___ If yes, list _____

G. Does the patient have any food allergies? e.g. peanuts, gluten? Yes ___ No ___ If yes, list _____

G. Date of last tetanus immunization _____

I hereby state that the Dabo Swinney Football Camp is not responsible for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day he registers. I understand that the Dabo Swinney Football Camp will assume responsibility only for injuries incurred while he is participating in camp activities under supervision during enrolled camp period, up to the limits of the purchased camp insurance.

(Signature of Parent/Guardian) Date

Insurance Information

Dabo Swinney Football Camp provides primary excess coverage. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent or guardian of the camper.

Insurance Company: _____ Policy Number: _____

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

Signed: _____

Relationship: _____ Date _____

Physician's Statement *(If not available, Physician's Statement can be sent at a later date)*

I hereby certify that I have examined

_____ and found him physically fit to attend and participate in the Dabo Swinney Football Camp, and I know of no impairments which could limit his participating in all camp activities.

Doctor's Signature: _____
Doctor's Name (Printed): _____
Address: _____
Telephone: _____

ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **DABO SWINNEY FOOTBALL CAMP, LLC** athletics/sports program, and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. By signing this waiver, the parent/legal guardian assumes the risk, and takes full responsibility and waives any and all claims of personal injury, permanent total disability or death.
3. Release, waive, discharge and covenant not to sue **Dabo Swinney Football Camp, LLC** its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of accidents, mishaps, or injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
4. To the best of my knowledge, the below named minor does not have any physical limitations, medical ailments/ limitations, physical or mental disabilities that would limit or prevent him/her from participating in the **Dabo Swinney Football Camp, LLC**.
5. I hereby state that the **Dabo Swinney Football Camp, LLC** is not responsible for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the camper/participant prior to the first day he/she registers. I understand that the **Dabo Swinney Football Camp, LLC** will assume responsibility only for injuries incurred while he/she is participating in camp activities under supervision during enrolled camp period, up to the limits of the purchased camp insurance.
6. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____ Date _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent or Guardian _____ () _____

2015 Photography Consent/Model Release Form For Minor Children (under 18)

I, _____, parent or
(print parent or guardian name)

legal guardian of _____
(child's name)

Do hereby grant permission to the *Dabo Swinney Football Camp, LLC* program and its employees or representatives, to take and use: photographs, video and/or digital images of **my child** for use in promotional or educational materials pertinent to the *Dabo Swinney Football Camp* program as follows:

- In printed publications or materials
- In electronic publications or presentations
- On the Clemson University websites (www.clemson.edu; www.clemsontigers.com, daboswinney.com)
- On the Dabo Swinney Football Camp website (www.daboswinneyfootballcamp.com)
- On Clemson University Football related social media sites

Twitter: @ClemsonFB
Instagram: ClemsonFB
Facebook: ClemsonTigerFootball
YouTube: clemsonfb

I agree that my child's identity (*please initial one*): _____ may be revealed
_____ may not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video shall be the property of Clemson University and *Dabo Swinney Football Camp*.

Name of parent/ legal guardian
PLEASE PRINT

Signature of parent/ legal guardian

Date

Address

City, State, Zip