2022 WOU FOOTBALL CAMP REGISTRATION

NAME	GRADE	SCHOOL	
ADDRESS	CITY	STATE	ZIP
EMAIL	PHONE		
BIRTHDAY HEIGHT	WEIGHT	OFFENSIVE POSITION	DEFENSIVE POSITION
HEALTH INSURANCE PROVIDER POLICY NUMBER			
EMERGENCY CONTACT RELATION	DAY PHONE	EVENING PHONE	
ALLERGIES	MEDICATIONS		
ROOMMATE REQUESTS			
CAMPER TYPE			
 Traditional dorm room in residence hall. On campus, twin beds, 2-3 players per room. 	IMMUTER NCH & DINNER PROVIDED NGLE DAY 702	PHYSICAL C CLEARED IN ORDER TO CONTACT WOO PLEASE N ORDERS PAY	RS MUST HAVE A CURRENT ON FILE, OR BE MEDICALLY BY THEIR HIGH SCHOOL, O PARTICIPATE. COACHES, U STAFF FOR MORE DETAILS. MAKE CHECKS / MONEY ABLE TO "WOU FOOTBALL" DUE IN FULL AT CHECK-IN.
RELEASE OF LIABILITY & CONSENT FOR MEDICAL CARE AND TREATMENT			
In consideration for being allowed to particiapte at the 2022 WOU Football Camp, and all related events and activities in any way, the undersigned:			
 AGREES THAT THE PARENT(S)/GUARDIAN(S) WILL INSTRUCT THE PARTICIPANT TO INSPECT THE FACILITIES AND EQUIPMENT TO BE USED PRIOR TO PARTICIPATING, AND IF THE PARTICIPANT BELIEVES ANYTHING IS UNSAFE, THEY SHOULD IMMEDIATELY ADVISE HIS SUPERVISOR OF SUCH CONDITIONS AND REFUSE TO PARTICIPATE. ACKNOWLEDGES AND FULLY UNDERSTANDS THAT EACH PARTICIPANT WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AS WELL AS THE SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM THEIR OWN ACTIONS, 			
INACTIONS, OR NEGLIGENCE, BUT ALSO THE ACTIONS, INACTIOI PREMISES OR ANY OF THE EQUIPMENT USED. ■ ENTERS INTO A LEGALLY BINDING RELEASE, WAIVER, DISCHARG UNIVERSITY FOR ANY AND ALL LIABILITY TO EACH OF THE UNDE OR DAMAGES ON ACCOUNT OF INJURY (INCLUDING DEATH OR DISCILLIBRICE OF THE RELEASES OR OTHERWISE.	E AND COVENANT NOT TO SUE THE RSIGNED, HIS OR HER HEIRS, AND	E 2022 WOU CAMP STAFF/WOU! NEXT OF KIN, FOR ANY AND ALL	STAFF/WESTERN OREGON L CLAIMS, DEMANDS, LOSSES
ASSUMES ALL THE FOREGOING RISKS AND ACCEPTS PERSONAL	RESPONSIBILITY FOR THE DAMAG	ES FOLLOWING SUCH INJURY,	PERMANENT DISABILITY OR DEATH.
 AUTHORIZES ALL MEDICAL, SURGICAL, DIAGNOSTIC, AND HOSP IT CANNOT BE REACHED IN CASE OF EMERGENCY. 	ITAL PROCEDURES AS MAY BE PER	FORMED OR PRESENTED BY A I	PHYSICIAN FOR THE ABOVE IF
WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND THEREFORE; VOLUNTARI WOU CAMP STAFF MAY TAKE PHOTOGRAPHS OF PARTICIPANTS & ACTIVITIES DUI ALL SALES ARE FINAL. SORRY, NO REFUNDS.			
PARTICIPANT SIGNATURE		<u>DATE</u>	

DATE

PARENT/GUARDIAN SIGNATURE