

CAMPER'S NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

AGE _____ GRADE (Fall 2009) _____

SCHOOL _____

EMAIL _____

PARENT'S NAME _____

HOME PHONE _____ WORK PHONE _____

SHIRT SIZE: (Circle one)
 CHILD - S M L XL
 ADULT - S M L XL XXL XXXL

SHORT SIZE: (Circle one)
 CHILD - S M L XL
 ADULT - S M L XL XXL XXXL

PLEASE SELECT ONE OFFENSE AND ONE DEFENSE PREFERRED POSITION:

- | | | | |
|-----------|--|----------|--|
| OFFENSE - | <input type="checkbox"/> Running Back | DEFENSE- | <input type="checkbox"/> Linebacker |
| | <input type="checkbox"/> Receiver | | <input type="checkbox"/> Cornerback |
| | <input type="checkbox"/> Tight End | | <input type="checkbox"/> Safety |
| | <input type="checkbox"/> Offensive Lineman | | <input type="checkbox"/> Defensive Lineman |
| | <input type="checkbox"/> Quarterback | | |

HOW DID YOU HEAR ABOUT THE CAMP?

PLEASE CHECK IF YOU PREVIOUSLY ATTENDED THE TIM DWIGHT CAMP:

- | | | |
|--|--|--|
| <input type="checkbox"/> 2002 in West Des Moines, IA | <input type="checkbox"/> 2005 in Iowa City, IA | <input type="checkbox"/> 2008 in Iowa City, IA |
| <input type="checkbox"/> 2003 in Iowa City, IA | <input type="checkbox"/> 2006 in Iowa City, IA | <input type="checkbox"/> 2009 in Iowa City, IA |
| <input type="checkbox"/> 2004 in Iowa City, IA | <input type="checkbox"/> 2007 in Iowa City, IA | |

I understand that my child could be seriously or mortally injured or have personal property stolen as a result of my child's participation in the Tim Dwight Football Camp ("Camp"). I, on behalf of myself and as the parent/legal guardian of my child, agree to waive all claims arising from personal injury (including death), medical expenses or property loss against the Camp, the Iowa City Community School District ("ICCSA"), Tim Dwight individually, and any employees, volunteers, directors, officers, or independent contractors of the Camp and ICCSA (collectively the "Released Parties"). I also agree to hold harmless and indemnify the Released Parties from any and all claims that arise from my child's personal injury (including death), medical expenses, or property loss.

I certify that my child has been examined by a physician within the past year and found to be in good health and able to participate in all camp activities without restriction. I am aware of no medical condition that may increase my child's risk of illness or injury. In the event of an emergency, I authorize the Camp to act for me in my absence regarding emergency medical care. I agree to be financially responsible for all medical expenses.

PARENT/GUARDIAN SIGNATURE

PROMOTIONAL MATERIALS AGREEMENT

- I give my permission to the Tim Dwight Camp to use photo or video of the above registrant in their promotional materials.
- I do not give my permission to the Tim Dwight Camp to use photo or video of the above registrant in their promotional materials.

+ MEDICAL INFO

EMERGENCY CONTACT #1	RELATION TO CHILD
CONTACT PHONE NUMBER #1	
EMERGENCY CONTACT #2	RELATION TO CHILD
PHYSICIAN	PHYSICIAN PHONE NUMBER:
DENTIST	DENTIST PHONE NUMBER:
INSURANCE COMPANY	
POLICY NUMBER	POLICY HOLDER NAME:

Health concerns or allergies: yes no
Explain: _____

Does your child require special medical attention? yes no
Explain: _____

Does your child have any pre -existing conditions? yes no
Explain: _____

Does your child have any previous injuries / illnesses that may affect participation in the camp? yes no
Explain: _____

Please describe any relevant pre -existing conditions, previous illnesses, injuries, or special medical attention needed:

Name and Dosage of Medications currently taken by child:

If your child has special needs for medical attention during the day camp officials should be notified of, please note here.

REGISTRATION DEADLINE: May 25, 2010 for the \$200 rate. Registrations received after May 25 will be assessed a \$25.00 fee. A \$25.00 non-refundable administrative charge (per camper) will be applied to all cancellations.

Send registration and payment to: Tim Dwight Football Camp, P.O. Box 1877, Iowa City, IA 52244