

Carolina Copperheads

Youth Football & Cheerleading Camps 2009

Presented by GAR Sports Inc. a Non-Profit Organization

Summer Camp Information found online at: www.CarolinaCopperheads.org / 919.460.6265

Circle Program & Date(s) Attending: **Football, 9am-3pm** or **Cheering, 9am-noon**

June 15 -19
Cary NC

June 22-26*
Cary NC

July 6-10
Wilmington NC

July 13-17
Raleigh NC

Program Cost: Football \$195 per session, Cheerleading \$125 per session.

Participant(s) Name: _____ Age: _____

Mailing Address: _____
Street / City Zip Code

Phone #: Home: _____ Cell # _____

Emergency Contact: Name _____ Ph #: _____

Parent / Guardian Name & Phone: _____

E-Mail Address: _____ For notifications only.
E-mail addresses will be used for camp and league notifications only. E-mail address will not be released for solicitations.

What Position Would Your Football Camper Like to Focus On? _____

T-shirts Size: **Youth Size** or **Adult Size** (Please Specify Youth or Adult Sizes)
Small Medium Large X-Large (circle one)

----- * Cheerleading Camp Is Offered June 22-26 Only At The Copperheads Cheer Gym in Cary. -----

Payment for Camp Is Due Upon Enrollment With Registration Form

Make Check Out To & Mail Check To:

GAR SPORTS

102 Evanshire Drive Cary NC 27513

Permission To Participate

I parent (guardian) have read and understand the waiver information on the back of this form. By my signature I agree to all terms and give my consent for my child to participate in this camp(s) and agree to abide by all rules and conditions defined. **No refunds are permitted for any reason after 5/31/09.**

Parent / Guardian Signature: _____ Date: _____

Sportsmanship Character Organization Respect Encouragement

Carolina Copperheads Football & Cheerleading Camps

2009 Waiver & Contract Agreement

Presented By GAR Sports

Camps Fill Quickly. Applications Are Accepted On A First Come, First Serve Basis.

Permission To Participate: I as parent / guardian of said participant (minor), hereby give permission for said minor to participate in any and all activities sponsored by the Carolina Copperheads, Inc. and GAR Sports including but not limited to the Camps and Carolina Copperheads. I agree to waive any and all claims arising out of injury or harm to the registered participant, said minor in this program. I also agree to withhold harm and waive claims against organizers, volunteers, supervisors, coaches, participants, officials, and other agents or representatives including persons transporting said minor.

Intent To Inform: It is important for you to know that injuries do sometimes occur in youth sports and at times these injuries can be catastrophic, such as total paralysis or even death. It is possible for this to happen to your child and it is important for you to understand fully before allowing your child to participate in this or any other youth sports program. Additionally, I, as parent / guardian will inform GAR Sports & Carolina Copperheads on this registration form of any known medical or mental conditions that may impair, limit, or restrict said child's performance or could possibly endanger the said participants' health or the safety and well being of other participants. The Carolina Copperheads & GAR Sports highly recommends that each participant consults a Physician and has a medical physical prior to participation in this Camp, League, or other athletic programs.

Insurance: Group accident and liability insurance with a given deductible amount for each accident incurred is maintained by the Carolina Copperheads & GAR Sports. This insurance is secondary coverage and will only be provided when the claim is determined to be the responsibility of the Carolina Copperheads & GAR Sports and there is no other valid and collectable insurance provided for the participant. In executing this release, I said parent / guardian understand that any claim for medical services which arise out of injury while participating in Camp or League activities must be reported to team coach, camp coach, and administrator in writing within a reasonable amount of time from the date of injury. You must understand that any registration fee or other sums paid do not constitute a direct premium for insurance of any kind.

Rules & Regulations: Poor sportsmanship will not be tolerated in any form, from anyone. I as parent / guardian understand that is my responsibility to instruct my child / participant on rules and expectations of this Camp. I also agree to abide by all rules, policies, guidelines, ethics of the Camp and League. Any non-compliance, obstruction or ill intent towards rules, policy, the respect of others, volunteers, coaches, or ethics shall be cause for disciplinary action in the form of disbarment, or suspension of participant from games, practice, or activities in the program or camps. The Camps and League have focus on teaching good sportsmanship and strive to inspire participants to follow and promote the SCORE Policy which is, Sportsmanship, Character, Organization, Respect, and Encouragement. There are no refunds for a participant who is disbarred for poor behavior, fighting, verbal abuse, or poor sportsmanship. A participant may be removed from the program without refund if said parent or guardian participants in above stated poor behaviors as well.

Emergency Medical Authorization: I as parent / guardian hereby authorize the Carolina Copperheads and GAR Sports to obtain all deemed necessary medical and dental treatment for said participant in case of illness or injury while participating in this Camp. The authorization shall remain effective until end of each session unless sooner revoked in writing delivered to GAR Sports. In the event EMS 911 services are called for said participant, GAR Sports and the Carolina Copperheads are not responsible for costs associated with medical services or transport. I as parent / guardian understand that it would be wise judgment to have said participant consult a physician for exam prior to participation in youth athletic programs such as this Camp.

By My Signature on this registration form I affirm that I have read, understand, and agree to the terms and conditions of participation, and hereby grant my authorization and consent for said minor's participation in this program and to emergency medical treatment if deemed necessary for said participant. Sorry, no refunds after May 31st for any reason. Refunds prior to May 31st are less a \$45 administrative fee.

Please list any special needs, medical concerns, conditions, or special instructions that will be deemed necessary for your child to participate in this program (camps). Please list and include any medical conditions, mental or cognitive conditions, and medications your child may be currently taking. This information will be kept confidential and not released to anyone other than parent or guardian, or appropriate medical professionals on as need basis, per U.S. HIPAA regulations.

S.C.O.R.E

Sportsmanship Character Organization Respect Encouragement
GAR Sports, Inc. 102 Evanshire Dr. Cary NC 27513 (919) 460-6265