

2008 Mike Leach / ASCO

Football Camps and Clinics



2008 Mike Leach / ASCO Football Camp Registration Form

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

School Attending (Fall 2008) _____ Grade (Fall 2008) _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Email _____

Roommate Request _____ Tshirt size _____

Position (circle)-Offense OL TE WR RB QB K/P
Defense LB DL DE DB

Please check camper type and camp session(s) attending:

Overnight Camper Day Camper

- Strength & Cond. Clinic 6/7/2008 8am-12pm \$50; 3 or more \$35 Coaches Only
- Mini Camp I 6/8/2008 11am-6pm \$50 Grades 11-12
- Junior Camp 6/11-6/13/2008 \$350 Overnight/\$300 Day Grades 3-8
- Skills Camp I 6/9-6/11/2008 \$350 Overnight/\$300 Day Grades 7-12
- Mini Camp II 6/14/2008 11am-6pm \$50 Grades 11-12
- Kicking Camp 6/14/2008 11am-6pm \$50 Grades 11-12
- Skills Camp II 6/15-6/17/2008 \$350 Overnight/\$300 Day Grades 7-12
- Additional Night Stay Campers attending Mini Camp & Skills Camp \$25.00
- Parking Permit Overnight Campers \$6

Check in times for Junior Camp and Skills Camp I & II will be 1pm on the first day of camp

Check out time for Junior Camp and Skills Camp I & II will be 11am on the last day of camp

METHOD OF PAYMENT

Send payment and forms to:

Mike Leach/ASCO Football Camp, Box 43021, Lubbock, TX 79409-3021
A \$150 (non-refundable) deposit is due with the registration form and all other necessary paperwork. All full payments are due by May 31, 2008. A 10% discount is offered if 10 or more campers attend the same camp and are all from the same school. All of the applications and paperwork MUST be mailed in together in order to receive the discount.

Please call 806-742-4260 with any questions.

Check or Money Order payable to "Mike Leach/ASCO Football Camp"

Amount: \$ _____

VISA Mastercard Amount to be charged: \$ _____

Credit Card Number _____

Expiration Date _____

Print Name as it appears on the card _____

Signature _____

Parental and Physicians Signatures For Football Camp

Camper's Name (please print) _____

Physician: I have examined the heart action, blood pressure and general physiological condition of the aforementioned camper and believe him to be physically fit to participate in all sports except: _____

Physician's Signature (or a copy of current school year physical) _____ Date _____

Parents: In accordance with the rules of the Mike Leach/ASCO Football Camp, I hereby give my consent for my child to participate in any and all camp activities except _____

_____. If at any time it is necessary for the aforementioned camper to receive outside or professional medication, I hereby give my consent to the Camp to secure transportation as is deemed necessary. I will not hold the Camp responsible for any benefits beyond the camp medical insurance program and will secure adequate family insurance coverage if additional protection is desired.

Insurance Company and Policy Number _____

Physician's signature or current school year physical MUST be attached

Recognition and Assumption of Risk Agreement

I, the undersigned parent/legal guardian of _____, authorize said child's participation in the Mike Leach/ASCO Football Camp. It is my understanding that participation in the activities that make up the Mike Leach/ASCO Football Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the Mike Leach/ASCO Football Camp, I hereby release, waive, discharge and covenant not to sue the Camp, the Athletic Department, Texas Tech University, The Texas Tech University System, the State of Texas, their officers, servants, agents or employees from any and all liability, claims, demands or injury, including death, that may be sustained by my child, whether caused by negligence of the releases, or otherwise while participation is activity, or when in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by the Mike Leach/ASCO football Camp, if any, will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required and accept responsibility for the cost.

Name of Parent/Guardian (Please Print)

Date

Parent/Guardian Signature

Camper's Signature

This form must be completed entirely in order for a camper to be eligible to participate in camp

**YOU MAY ALSO REGISTER ONLINE AT <http://texastech.collegesports.com/>
Or www.mikeleach.net**