

2008 UCLA FOOTBALL CAMP REGISTRATION FORM

Camper Name: _____ Gender: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Email (required for confirmation): _____
Grade in School (Fall '08): _____ School: _____
Mother/Guardian: _____ Day Phone (cell/work): _____
Father/Guardian: _____ Day Phone (cell/work): _____
Roommate Preference (overnight campers only): _____
How did you hear about this camp? _____

MEDICAL INFORMATION

Emergency Contact (other than parent): _____ Phone: _____
Family Doctor: _____ Phone: _____
Allergies: _____
Current medications: _____ Date of last tetanus booster: _____
Pertinent Medical History: _____
Insurance Policy Holder's Name (required): _____
Insurance Co. (required): _____ Policy # (required): _____

SESSIONS

Enter Amount:

- One-Day High School Camp (Boys, entering grades 9-12) - June 7 \$ _____
 Pre-registration - **\$30** (until noon on Friday, June 6)
 Walk-up registration - **\$40**
Please indicate offensive position: _____ Defensive position: _____
- Overnight Camp (Boys, entering grades 9-12) - June 22-24 \$ _____
 Resident - **\$350** (includes all meals and overnight accommodations)
 Commuter - **\$245**
 (optional) Equipment rental - **\$65**
Please indicate offensive position: _____ Defensive position: _____
- Day Camp (Boys & girls, entering grades 3-8) - June 25-27, **\$295** \$ _____
Hours: 9am-3pm. Non-contact camp; does not include lunch
 (optional) After-Care, 3:00-5:30pm - **\$75**
- UCLA Alumni Association or Faculty/Staff Discount - less \$25 per camper - \$ _____
(3-day camps only; MUST include copy of card to receive discount)

TOTAL DUE: \$ _____

PAYMENT

- Payment enclosed: Full payment
 3-day camps: deposit only (\$150 per session - balance due by June 2)
Please review our cancellation policy at www.uclasportscamps.com
- CHECK - Payable to UC Regents (please include camper's name on check)
 CREDIT CARD - if paying deposit only, the balance will be charged on June 2
- Please charge my: Visa Mastercard Discover (sorry, no American Express)
- Card #: _____ Exp. Date: _____ / _____
- Cardholder's Name (print): _____
- Cardholder's Signature: _____

Register online at www.uclasportscamps.com

By fax: (310) 206-7527
By mail: UCLA Sports Camps
P.O. Box 24044
Los Angeles, CA 90024-0044

Questions? Call (310) 206-3550 or email camps@athletics.ucla.edu