

**21st Annual
Eric Kasperowicz Youth Football Camp 2016
June 20-23, 8am-12pm
Pine-Richland Football Stadium, Gibsonia, PA 15044
www.ekfootballcamp.com**

Last Name: _____ First Name: _____
 Home Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
 Mother's Name: _____ Father's Name: _____
 Age (as of 06/20/16):: _____ Date of Birth: _____ Entering Grade : _____
 Height: _____ Weight: _____ Email: _____
 School: _____ City: _____ State: _____

Offensive Position (check one): **Quarterback** **Running Back** **Receiver/Tight End** **OLine**
 Defensive Position (check one): **Defensive Line** **Linebacker** **Defensive Back**
 (Your son may switch positions throughout the week if they like)

Insurance Information (must be completed in full or application will not be processed)

Medical Insurance Company: _____
 Insurance Policy #: _____
 Group #: _____
 I.D. #: _____

Camp Tuition - \$205

T-Shirt Size – **YS** **YM** **YL** **Small** **Med** **Large** **XL** **XXL**

Payment Plan (check one) (only 1 discount per camper)

I am paying a NON-REFUNDABLE DEPOSIT ONLY - \$50 (**Credit/Debit Card ONLY**)
 I am paying IN FULL - \$205 (application received on or after April 1, 2016)
 I am paying IN FULL - \$195 (\$10 off – EARLY BIRD--must be received on or before April 1, 2016)
 I am paying IN FULL - \$190 (\$15 off – 1st 100 --must be one of first 100 campers to register)

Payment Method (check one)

Check or Money Order (must pay in full)
 Visa MC American Express Discover

Total Charged Amount: \$ _____ Cardholder's Name (print): _____
 Credit Card Number: # _____
 3 Digit Code on Back of Card: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Expiration Date: _____ Today's Date: _____
 Signature: _____

*A payment must accompany this application. Make check or money order payable to:
GPYA (all checks or charges returned NSF will be assessed a \$30 fee).

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Liability Release

PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND ekfootballcamp 2016.

Liability Release and Assumption of Risk Disclaimer

(Please read thoroughly and sign)

In consideration of Greater Pittsburgh Youth Achievement, Inc. (ekfootballcamp), allowing my child or ward to participate in its football camp. I understand that my son must have current and active medical insurance before he can attend camp. I hereby register my son for the Eric Kasperowicz Youth Football Camp and authorize the staff to direct him in participation in camp activities. My son has no medical or emotional problems which may affect his ability to safely participate in your program. In the event of injury, I authorize the Eric Kasperowicz Youth Football Camp and its athletic training staff to obtain and/or administer any medical care or treatment deemed necessary. Neither I nor my son will hold the Eric Kasperowicz Youth Football Camp liable for any injuries sustained at the camp.

Additionally, I give my permission to utilize any video or photos that may include my child or me for any commercial use that the ekfootballcamp chooses to utilize to promote the football camp. By signing this, I verify that I have read and accepted all administrative policies and refund conditions as set forth by the ekfootballcamp that are stipulated on the website and/or in the brochure.

Signature of Participant's Parent: _____ Date: _____

Signature of Participant's Legal Guardian: _____ Date: _____

(if different from above)

Signature of Participant: _____ Date: _____

*RETURN APPLICATION WITH PAYMENT PAYABLE TO: **GPYA***

EKFOOTBALLCAMP
326 Banbury Crossing
Gibsonia, PA 15044

*Application will not be accepted without non-refundable deposit (**NO EXCEPTIONS**)