

2010 QBR CAMP APPLICATION AND RELEASE FORM

PLEASE FILL OUT THIS APPLICATION FORM COMPLETELY (2 pages). One application per camper. One application per camp.

Session(s) Attending (check box)

- Arkansas** (June 9-12) **New Jersey** (June 30 - July 3)
 Georgia (June 14-17) **Indiana** (July 5-8)
 California #1 (June 19-22) **California #2** (July 10-13)

Camper Information

Name _____
Last First

Nickname _____

Parent/Guardian Name _____
Last First

Street Address _____

City _____ State _____ Zip _____

Email (print clearly) _____

Position: *Choose only one* Quarterback Tight End
 Wide Receiver Running Back

Grade in Fall of 2010 (must at least be entering 6th grade) _____

Birthdate _____ / _____ / _____
month date year

T-Shirt Size (adult sizes) circle one S M L XL

Have you attended the Dr. Laird Hayes QBR Camp before?

Yes Circle Years 2009 2008 2007 2006 2005 2004

How did you hear about QBR Camp? check all that apply

- internet search my coach a friend attended QBR Camp
 QBR Camp Goal Post Newsletter other _____

Preferred Roommate Name _____
Last First

List one name only - all rooms double occupancy (except California Camps where campers stay in suites.)
Roommate placement is not guaranteed but every attempt will be made to accommodate your request.

Roommate's School Name _____
If different from your's. (No Abbreviations)

Camper's School Information

Name of School _____

Street Address _____

City _____ State _____ Zip _____

Head Coach's Name _____
Last First

High School Youth Team

Team Name _____

Parent/Guardian Emergency Contact Information

Name _____
Last First

Relationship to Camper Parent Legal Guardian Coach
 Other (please state) _____

Cell # (_____) _____

Home # (_____) _____

Work # (_____) _____

Medical Information (QBR Camp will NOT administer or store any drugs or medications for campers, nor will QBR Camp administer over the counter medications to minors.)

I Restrictions on Participation? No Yes
If **Yes**, explain _____

II Medication allergies? (e.g. penicillin, sulfa, etc.) No Yes
If **Yes**, list medication(s) _____

III Specific allergies? (e.g. bee-stings, certain foods, etc.) No Yes
If **Yes**, explain _____

IV List, if any, prescription medication(s) you will have with you at camp? _____

Medical Insurance **Required**

Medical Insurance Company _____

Policy # _____

Group Name _____

Effective Date of Coverage _____

Policy Holder's Name _____

Policy Holder's Relationship to Camper _____

application continues on page 2 ...

Tuition

1. Base Price – \$650 per player

Discounts

(ONE DISCOUNT PER CAMPER. We do not stack discounts. Campers will be given the single best price.)

2. Previous QBR Camper Discount

Available to players that have previously attended our QBR Camp.

\$575 per player..... \$75 savings

3. Two Player Discount

Available to two players from the same school, team, program and siblings.

2 players, \$590 per player..... \$60 savings

4. Team Discount

Available to three or more players from the same school, team, program and siblings.

3 or more players, Call Robin at our toll free number for team discount pricing - 866-486-4400

Commuters

No discount. We strongly recommend that campers stay overnight in the campus dorms. However, some players may want to commute to camp. Commuters will receive the same privileges as overnight campers, including a roommate and bed for rest between practices.

Two Player or Team Discounts

Two players from the same school, team, program and siblings will qualify for the **Two Player Discount**. Three or more players from the same the team, school or program will qualify for the **Team Discount**.

List the two names participating with you in the **Two Player Discount** or no more than three teammates' names participating with you in the **Team Discount**:

1. _____
2. _____
3. _____

Payment Information

*Your application will only be accepted with payment **in full**. If the **Team Discount** applies to you, you must complete the **Team Discount** section above.*

ENTER OFFER CODE _____ Make checks payable to: QBR Camp.

Form of Payment: Credit Card Check (There is a \$30 fee for each check returned unpaid by your bank for whatever reason.)

Credit Card: Visa MasterCard

Card Number

Expiration Date ____ / ____ / ____ Verification Code _____

Name on Card _____

Card Billing Address _____

City _____ State ____ Zip _____

Email _____

Signature _____

Date _____

Release Form

My son/camper (if legal guardian) has permission to attend Quarterback and Receiver Camp, LLC (QBR Camp).

I have no knowledge of any physical impairment that would affect or be affected by my son's/camper's participation in the QBR Camp program.

In the event of any emergency in which my son/camper requires medical care, I authorize the staff of QBR Camp to act for me and to obtain for him whatever medical treatment the staff in its best judgment deems necessary and appropriate.

I specifically consent to such treatment including, but not limited to, hospitalization and surgery and I will be responsible for any medical or other charges in connection with his attendance at camp.

I acknowledge that at QBR Camp there is always the risk of an accident, injury or illness. My son/camper will participate in an activity that may include, but not be limited to, contact of the body with other persons or objects, including the ground. I specifically waive and give up and release Quarterback and Receiver Camp, LLC, its owners and staff, from any and all liability for all claims for damages which I or my son/camper may have for injuries or illnesses that he may sustain at QBR Camp.

I authorize QBR Camp to use any photographs or articles about my son/camper for publicity purposes. I understand that violation of camp rules may result in dismissal from camp with all tuition forfeited.

Cancellation /Refund Policy: Because space is limited, cancellations deprive other players of the opportunity to attend QBR Camp. If a cancellation is necessary, you must cancel at least 30 days prior to the beginning of the camp for which you are registered. Cancellations that occur 30 days in advance will allow you either 1) a credit towards a future QBR Camp for the following year or 2) you may transfer the tuition to another camper.

Cancellation Insurance: Quarterback and Receiver camp is pleased to provide the opportunity for camper families to purchase cancellation insurance with Camp Protector.com

In our continued efforts to keep from raising tuition prices, QBR will not process cash refunds. In the event that a cancellation is necessary, QBR will transfer the tuition to the following year. Should you prefer a cash refund, you will be required to purchase cancellation insurance.

If you wish to purchase the insurance and use **Organization Name: Quarterback Receiver**
Organization ID#: qbcr11. Call **1-888-794-2267** for more information.

Parents, Guardians and Quarterback and Receiver Camp, LLC, agree to be bound by the terms of the above release of liability. By signing below I make this release binding on the camper, the parents of the camper or other responsible legal guardian of the camper. My signature shall serve as my legal signature for the limited purpose of this release.

Print Parent / Legal Guardian Name _____

Parent / Legal Guardian Signature _____

Date _____

Mail this application to:

Quarterback & Receiver Camp, LLC
125 East Victoria St., Suite H
Santa Barbara, CA 93101-2018



We advise that you make a copy of this application for your records.