

10th Annual



June 15, 16 & 17, 2011
South East Junior High School
Iowa City, Iowa
Ages 8-14
www.timdwightcamp.com



Camp Proceeds Benefit the
University of Iowa Children's Hospital



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REGISTRATION

CAMPER'S NAME _____
ADDRESS _____
CITY _____
STATE _____ **ZIP** _____
AGE _____ **GRADE (Fall 2010)** _____
SCHOOL _____
EMAIL _____
PARENT'S NAME _____
HOME PHONE _____ **WORK PHONE** _____

SHIRT SIZE: (Circle one) **SHORT SIZE:** (Circle one)
CHILD - S M L XL CHILD - S M L XL
ADULT - S M L XL XXL XXXL ADULT - S M L XL XXL XXXL

**PLEASE SELECT ONE OFFENSE AND ONE DEFENSE
PREFERRED POSITION:**

OFFENSE: **DEFENSE:**
 Running Back Linebacker
 Receiver Cornerback
 Tight End Safety
 Offensive Lineman Defensive Lineman
 Quarterback

HOW DID YOU HEAR ABOUT THE CAMP?

PLEASE CHECK IF YOU PREVIOUSLY ATTENDED THE TIM DWIGHT CAMP:

2002 in West Des Moines, IA 2005 in Iowa City, IA 2008 in Iowa City, IA
 2003 in Iowa City, IA 2006 in Iowa City, IA 2009 in Iowa City, IA
 2004 in Iowa City, IA 2007 in Iowa City, IA 2010 in Iowa City, IA

I understand that my child could be seriously or mortally injured or have personal property stolen as a result of my child's participation in the Tim Dwight Football Camp ("Camp"). I, on behalf of myself and as the parent/legal guardian of my child, agree to waive all claims arising from personal injury (including death), medical expenses or property loss against the Camp, the Iowa City Community School District ("ICCS"), Tim Dwight individually, and any employees, volunteers, directors, officers, or independent contractors of the Camp that arise from my child's personal injury (including death), medical expenses, or property loss.
I certify that my child has been examined by a physician within the past year and found to be in good health and able to participate in all camp activities without restriction. I am aware of no medical condition that may increase my child's risk of illness or injury. In the event of an emergency, I authorize the Camp to act for me in my absence regarding emergency medical care. I agree to be financially responsible for all expenses.

PARENT/GUARDIAN SIGNATURE _____

PROMOTIONAL MATERIALS AGREEMENT

I give my permission to the Tim Dwight Camp to use photo or video of the above registrant in their promotional materials.
 I do not give my permission to the Tim Dwight Camp to use photo or video of the above registrant in their promotional materials.

+ MEDICAL

EMERGENCY CONTACT #1 _____ **RELATION TO CHILD** _____
CONTACT PHONE NUMBER #1 _____
EMERGENCY CONTACT #2 _____ **RELATION TO CHILD** _____
CONTACT PHONE NUMBER #2 _____
PHYSICIAN _____ **PHONE** _____
DENTIST _____ **PHONE** _____
INSURANCE COMPANY _____
POLICY NUMBER _____
POLICY HOLDER NAME _____

Health concerns or allergies: yes or no _____

Does your child require special medical attention?: yes or no _____

Does your child have any pre-existing conditions?: yes or no _____

Does your child have any previous injuries/illnesses that may affect participation in the camp?:
 yes or no _____

Please describe any relevant pre-existing conditions, previous illnesses, injuries, or special medical attention needed: _____

Name and Dosage of Medications currently taken by child: _____

If your child has special needs for medical attention during the day camp officials should be notified of, please note here: _____

REGISTRATION DEADLINE: May 31, 2011 for the \$200 rate. Registrations received after May 25 will be assessed a \$25.00 fee. A \$25.00 non-refundable administrative charge (per camper) will be applied to all cancellations.

Send registration and payment to: Tim Dwight Football Camp, P.O. Box 1877, Iowa City, IA 52244

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EMAIL _____
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