



FOOTBALL



CAMP INFO

ELIGIBILITY:

Must be in grades 9-12 as of fall 2011. **HIGH SCHOOL GRADUATES MAY NOT PARTICIPATE.** Applications are accepted on a first-come first-serve basis.

DEPOSIT:

\$100 Non-Refundable.

REFUNDS:

THERE ARE NO REFUNDS OF DEPOSITS. All requests for balance reimbursement must be done in writing by filling out a "Camper Reimbursement Form" and received by May 31, 2011. Only requests with proper medical documentation will be considered for refund after June 1, 2011.

BALANCE DUE:

Paid in full by May 1, 2011. After April 1, only U.S. cash, cashier's check or money order will be accepted.

OVERNIGHT CAMPER:

\$400, includes all meals.

COMMUTER CAMPER:

\$350, includes lunch and dinner, 8:30 AM - 9 PM.

REGISTRATION DAY:

12 Noon Arrival.

CHECKOUT DAY:

12 Noon Departure.

GENERAL FORMAT:

Non-Contact. Fundamentals, Positional Skills.

SKILL CAMP:

AFC Division - Grades 9-10.

NFC Division - Grades 11-12.

Two practice sessions plus 7 on 7 games at night.

LINE CAMP:

Gold Division – Grades 9-10.

Maroon Division – Grades 11-12.

Two practice sessions plus razzle dazzle at night.

All Line practices will be at the Brighton Campus.

EQUIPMENT REQUIRED:

Helmets, Grass Cleats, Sneakers.

TEAM RATE:

\$375, 20-49 campers.

\$350, 50+ campers.

APPLICATIONS MUST BE TURNED IN TOGETHER TO RECEIVE TEAM RATE. Team rates are only in effect when individuals are registered TOGETHER AND AT THE SAME TIME. Individual registration applications will not be accepted under the Team Rate if mailed under separate cover.

COLLEGE STAFF:

BC Coaches plus Atlantic 10, Ivy League, Patriot League and NESCAC.

HOUSING:

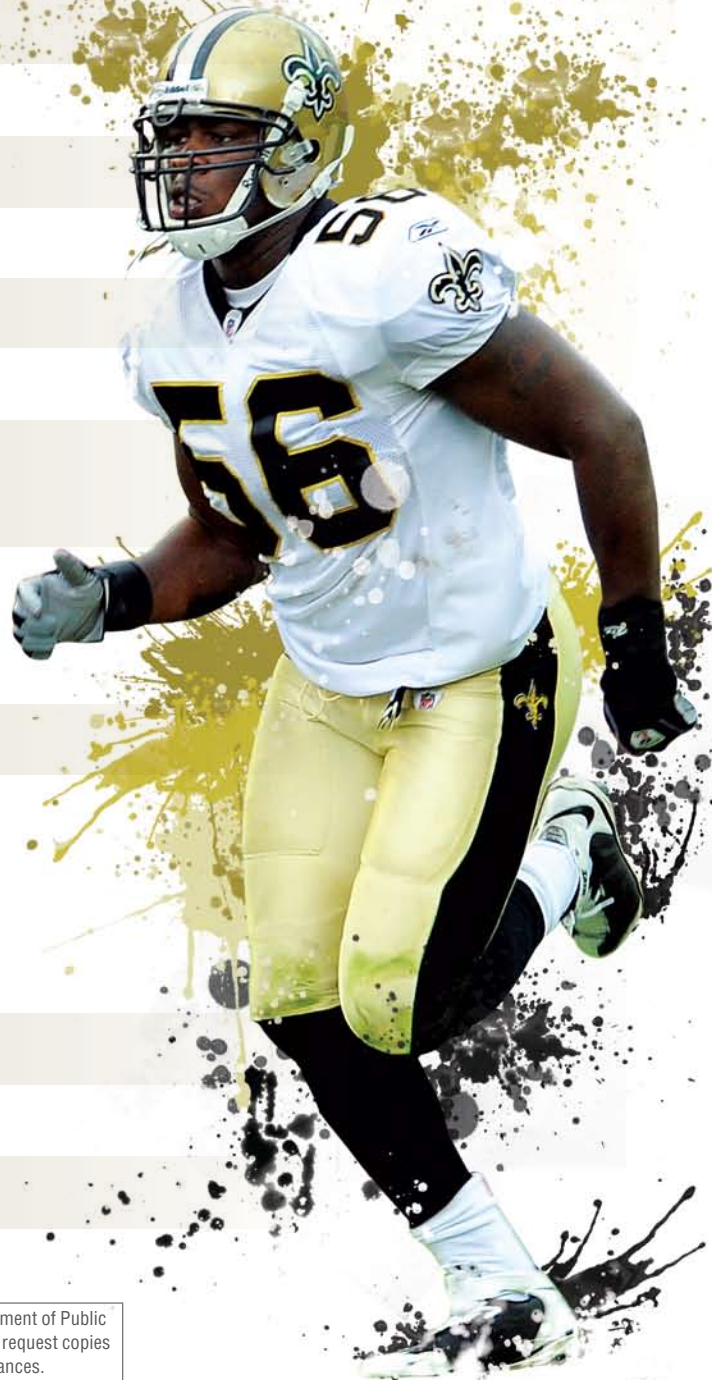
Lower Campus (not all dorms have air conditioning).

PARKING:

All vehicles on campus (day and overnight) are charged for parking.

QUESTIONS:

Call 617-552-3010.

▼ 56 DUNBAR LB

The Boston College Football Camp must comply with the Regulations of the Massachusetts Department of Public Health and be licensed by the Massachusetts Department of Public Health. Camp participants may request copies of background check procedures, health care policies, discipline policies, and procedures for grievances.



FOOTBALL CAMP 11

APPLICATION

REGISTRATION FORM

Session camper will attend: Session I - June 13-16 Session II - June 18-21 Session III - June 23-26

Type of camper: Overnight \$400 Team (20-49 campers) \$375 Team (50+ campers) \$350 Commuter \$350

Have you attended the BC Football Camp in the past? YES NO

Name: Last _____ First _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip _____

Home Phone: _____ Camper Cell Phone: _____ Parent Cell Phone: _____

Email Address: _____ Date of Birth: ____/____/____ Age: _____

Grade in Fall 2011: 9 10 11 12 Height: _____ Weight: _____

High School: _____ HS State: _____

Roommate Preference (NOT Guaranteed - Double Occupancy Only): Name: _____

High School of Roommate Preference: _____ State of Roommate Preference: _____

Circle (1) Offensive position: QB RB WR TE OL Circle (1) Defensive position: DB LB DL Circle T-Shirt Size: L XL XXL

MEDICAL RELEASE

The named camper _____ has my permission to participate in the Boston College Football Camp. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below.

The Health History provided is correct to the best of my knowledge, and the child described herein has permission to engage in all prescribed program activities except as noted by the examining physician and me. I hereby authorize the staff of Boston College to provide care that includes routine diagnostic procedures (i.e. x-rays, blood and urine test) and medical treatment as necessary to my minor son _____. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the camp.

Please list physical conditions that the clinician should be aware of (allergies, recurring illnesses, injuries, disabilities, chronic illnesses)

Date of most recent tetanus immunization: ____/____/____ (If more than 10 years ago, a shot is recommended)

I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to his participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless and agree to indemnify

Trustees of Boston College and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name of Participant (Print): _____ Date: ____/____/2011

Signature of Parent/Guardian: _____

Emergency contact: _____ Emergency phone: _____ Date: ____/____/2011

INSURANCE

Accident insurance for the 2011 Boston College Football Camp is provided by Boston College on an excess basis. All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage.

Insurance company: _____

Policy #: _____

Signature of Parent/Guardian: _____

AMOUNT DUE

Overnight: \$400

Commuter: \$350

Team (20-49 campers): \$375

Team (50+ campers): \$350

Total Amount Due: \$ _____

Total Enclosed: \$ _____
(Minimum non-refundable \$100 deposit)

Remaining Balance: \$ _____
(Due by May 1, 2011)

Please Make Payment To:
Boston College Football Camp

SUBMISSION



Mail To:
Boston College Football Camp
Yawkey Athletics Center
140 Commonwealth Ave.
Chestnut Hill, MA 02467

IMPORTANT

After April 1, 2011
ONLY U.S. cash,
cashier's check or
money order
will be accepted.



For Office Use Only

Date Received: ____/____/2011

Amount:

Check No.: