

Medical Form

I certify my child was examined by a physician prior to June 10, 2009, and found to be in good health and able to participate in all athletic activities without restriction.

I hereby release and exonerate and discharge the camp and its employees from any injuries incurred in the camp or on the way to camp. I, the undersigned parent/guardian, do hereby delegate to the Bill Lynch Team Football Camp, its employees or agents the authority to seek, obtain, and approve any medical care and treatment for the below-named minor, which in their judgment is necessary for the health and well-being of said minor during his attendance at the Bill Lynch Team Football Camp.

Further, I agree to hold the Bill Lynch Football Camp, its employees, or agents harmless for any liabilities arising out of any good faith actions taken in seeking and obtaining medical care and treatment for the below-named minor.

I authorize these medical vendors (Indiana University Health Center and Bloomington Hospital, or such other medical providers to whom I am referred by the named sources for x-ray, laboratory or other diagnostic or therapeutic services) to release any information required in applying for payment on my behalf and I hereby assign payment of these medical vendors for all services that these medical vendors may render.

Any costs not covered by your insurance are the sole responsibility of the parent of guardian.

Parent Information:

Camper's Name (*Print*): _____

Parent's Signature: _____

Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Service Code: _____ Plan Number: _____

Subscriber Number: _____ Deductible Amount: _____

Insurance Company Phone #: _____

Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

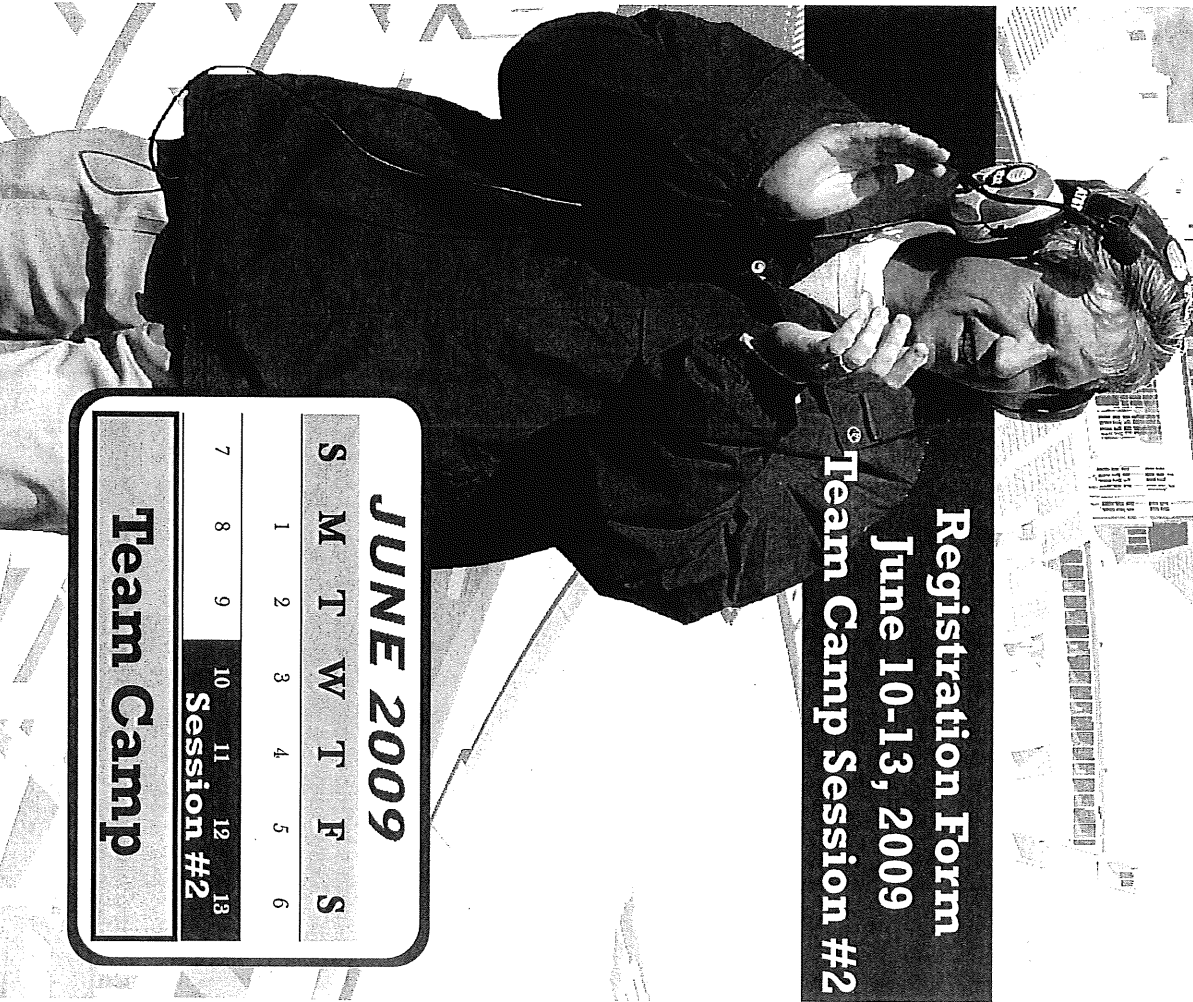
Home Phone: _____

Work Phone (Mother): _____ Work Phone (Father): _____

Emergency Contact: _____

INDIANA FOOTBALL

Bill Lynch FOOTBALL CAMP



Registration Form
June 10-13, 2009
Team Camp Session #2

JUNE 2009						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
Session #2						
Team Camp						

The Bill Lynch FOOTBALL CAMP at Indiana University

Payment & Registration

The High School session is \$315 for overnight campers and \$225 for commuter campers. Team rates are available. Check with your coach.

To register: Complete this form and return to your high school coach.

Payment:

- A) To pay by credit card and receive immediate confirmation—go to:
www.hoosiersportscamps.com
- Or
- B) Include a check made payable to **Bill Lynch, LLC** with your application for the deposit amount (\$150.00) or the full payment.

Balance Due

- Balances due may be:
 - Paid at camp registration with a check or cash
 - Mailed to: **Bill Lynch LLC**
1001 E. 17th Street,
Bloomington, IN 47403
 - or paid online at www.hoosiersportscamps.com.
- Make checks payable to Bill Lynch, LLC.**

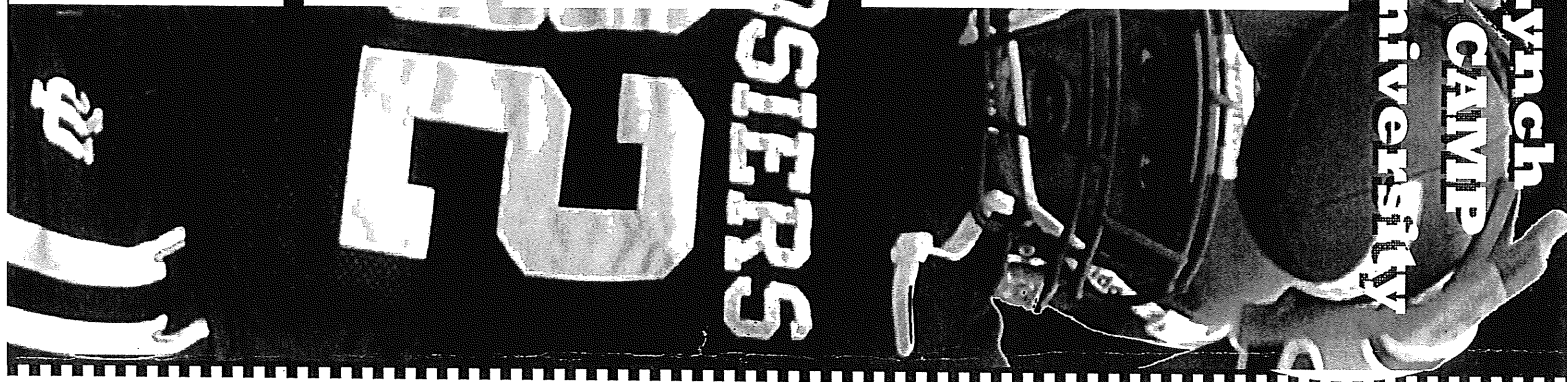
Refunds

All monies, less the \$100 non-refundable administrative fee, will be refunded for medical purposes only and must be accompanied by a physician's letter of explanation prior to the start of camp. Camp may be prorated on a daily basis.

What to Bring:

- Helmets and shoulder pads
- Football cleats and tennis shoes
- T-shirts, socks, gym shorts
- Bed linens, pillows, soap, towels, toiletries, alarm clock, spending money

A more detailed list will be sent to you in May.



Registration Form

The Bill Lynch Football Camps at Indiana University
812/855-9618 - Memorial Stadium
1001 E. 17th Street, Bloomington, IN 47408

Return this form to your head coach or mail to the address listed above
Please print all information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (H) _____ (C) _____

High School: _____

Grade this Fall: 9 10 11 12

Height: _____ Weight: _____

Position in Camp: (Select One)

Offense: OL TE WR QB RB

Defense: DL OLB ILB DB

Shirt Size:

M L XL XXL

Camp Costs: (Select One)

High School Overnight Team Camp - \$315 (Deposit \$150)

High School Commuter Team Camp - \$225 (Deposit \$150)

Full Tuition costs or a deposit must accompany this application

I am enclosing \$ _____ as deposit/full payment for my tuition.

I paid \$ _____ online and received confirmation.

Make checks payable to Bill Lynch LLC.

The cutoff date for registration is June 1. There is a \$50 late registration fee for any applications received in our office after June 1. No exceptions.

Please Complete Application on Back