



2009 SOUTH FOOTBALL
CLINICS & SEASON REGISTRATION FORM

Visit Us At: www.sawolverines.com



Player Name: _____ Graduation Year: _____

Address: _____ Zip: _____

Mother: _____ Address: _____ Zip: _____

Home Telephone: _____ Mobile Telephone: _____

Email #1: _____ Email #2: _____

Father: _____ Address: _____ Zip: _____

Home Telephone: _____ Mobile Telephone: _____

Email #1: _____ Email #2: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Anchorage Combines & Camps:

_____ Sat 3/21/09 Combine:	\$10.00	Cash _____	Check# _____	Paid on _____
_____ Tue 5/26/09 Camp:	\$20.00	Cash _____	Check# _____	Paid on _____
_____ Wed 5/27/09 Camp:	\$20.00	Cash _____	Check# _____	Paid on _____
_____ Thur 5/28/09 Camp:	\$20.00	Cash _____	Check# _____	Paid on _____
_____ Tue 7/21/09 Camp:	\$20.00	Cash _____	Check# _____	Paid on _____
_____ Wed 7/22/09 Camp:	\$20.00	Cash _____	Check# _____	Paid on _____
_____ Thur 7/23/09 Camp:	\$20.00	Cash _____	Check# _____	Paid on _____
_____ Fri 7/24/08 Combine:	\$ 0.00	Charge-----MANDATORY PARTICIPATION-----		
TOTAL:	\$130.00	Cash _____	Check# _____	Paid on _____

WILLAMETTE TEAM CAMP: (Grades 11&12 ONLY, or as otherwise approved by Coach Lewis)

_____ 6/21-6/25 Camp:	\$295.00	Cash _____	Check# _____	Acct _____	Paid on _____
_____ 6/21-6/25 Shuttle:	\$ 50.00	Cash _____	Check# _____	Acct _____	Paid on _____

2009 SEASON REGISTRATION (7/31/09):

_____ 9 th Grade Fee:	\$150.00	Cash _____	Check# _____	Acct _____	Paid on _____
_____ Grades 10-12:	\$200.00	Cash _____	Check# _____	Acct _____	Paid on _____
_____ 2009 Team Contrib. \$200.00		_____ will fundraise _____	_____ did fundraise _____	_____ prefer to pay now	

SEE NEXT PAGE OR REVERSE SIDE FOR MANDATORY INFORMED CONSENT WAIVER OF LIABILITY FORM AND CAMPS/COMBINES DETAILS



2009 SOUTH FOOTBALL PRE-SEASON COMBINES, CAMPS AND SEASON REGISTRATION DATES WITH SIGN UP FORM

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Combine at South: Saturday, *March 21*, 5:00pm–7:00pm at South, **Cost: \$10.00**
(For NEXT Year 2009/2010 Grades 10,11,12; Incoming Freshmen Invited to Come Observe!)

Team Camp at South: Tues-Thurs, *May 26-28*, 6:00pm–8:30pm, **Cost: \$20.00/Day or \$60.00 Total** (For All NEXT YEAR 2009/2010 Players, Including Incoming Freshmen)

TEAM CAMP AT WILLAMETTE UNIVERSITY: Sun-Thurs, *June 21-25*, **Cost: \$295.00** (payable to South Football with completed Willamette Camp form; **Juniors & Seniors Only; others as approved by Coach Lewis**; airfare and reservations are *player responsibility*; coach flights will be posted at www.sawolverines.com); ground transportation between airport & university provided at cost of \$50 round trip or \$25 one way if desired

Team Camp at South: Tues-Thurs, *July 21-23*, 6:00pm–8:30pm, **Cost: \$20.00/Day or \$60.00 Total** (For All NEXT YEAR 2009/2010 Players, Including Incoming Freshmen)

SOUTH FOOTBALL SEASON REGISTRATION: Friday, *July 24*, **TIMES TBA, Cost: \$200.00 for grades 10-12, \$150.00 for grade 9)** **NOTE #1:** Registration fees can *only* be fundraised during pre-season fundraising activities. Players not participating in pre-season fundraising, or who do not have carryover funds from the 2008 season, *must* be prepared to pay the registration fee on the day of registration. Starter packs will *only* be issued to players who have covered the registration fee through pre-season fundraising or direct payment on registration day. **NOTE #2:** this fee is *separate* from the ASD fee. South Football has nothing to do with the ASD player fee, has no control over it, and does not receive any proceeds from it. **We are sorry about this, but can't change it!**

Mandatory Combine at South: Friday, *July 24*, 6:00pm–8:00pm, **Cost: FREE**
(For All 2009/2010 Registering Players, Grades 9-12)

INFORMED CONSENT WAIVER OF LIABILITY – MANDATORY FOR PARTICIPATION

I understand I am required to maintain accident medical insurance coverage for my participating child, and I verify the coverage information below is accurate and true. If I cannot be reached in case of emergency, I authorize South High coaching staff to obtain whatever medical treatment they deem necessary for the welfare of my child. I understand I am financially responsible for all charges and fees incurred for any necessary medical treatment, regardless of whether my medical insurance provider pays or denies coverage. I understand valuables should not be brought to any of the activities listed above, and that South Football is not responsible for any lost or stolen items. Finally, I understand my child's participation in any South Football activities is strictly voluntary, and that the activities may involve some level of physical exertion. I agree my child will not engage in activities other than those specified by the activities' supervisors. I understand inappropriate behavior by my child will not be tolerated. I agree South Football Booster Foundation will not be held liable for any injury that may occur to my child as a result of my child's participation in South Football activities.

I certify that I am the parent/legal guardian of the minor child participant _____ and I am signing this RELEASE with full legal responsibility for said minor child.

Signature of Parent/Legal Guardian

Date: _____

Medical Insurance Carrier

Policy No.: _____