

Dear Football Player,

South County Youth Football would like to invite you to attend the Chris Cooley Football Camp to be held June 13 – 14 this summer in Fairfax, VA. By registering through our organization you will receive \$10 off the regular registration price of \$199. Also, ProCamps will provide our organization with an additional \$10 contribution. If registering on-line, please enter our organization's "Coupon Code" of SCAA.



## Chris Cooley Football Camp APPLICATION

FULL TUITION MUST ACCOMPANY THIS APPLICATION. Send completed registration form along with check or money order for \$189.00 (no cash) payable to: Chris Cooley Football Camp, c/o ProCamps, 7165 E. Kemper Rd, Cincinnati, Ohio 45249. Refunds for any reason, less \$35.00 handling fee, will only be available until May 31, 2009.

### PERSONAL INFORMATION (Please complete)

Open to football players ages 7 - 14

Fairfax High School – Fairfax, VA – June 13 – 14 – 9:00 am – 1:00 pm

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade Entering \_\_\_\_\_ Birthday (xx/xx/xxxx) \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

Preferred Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Hospital Phone \_\_\_\_\_

Hospital Address \_\_\_\_\_

Medical History (allergies, injuries, etc.) \_\_\_\_\_

Parent/Guardian Name (first & last) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

The signature below authorizes ProCamps to charge my Visa or Master Card account \$195.00 (includes \$6.00 convenience fee)

Card Type (circle one)    Visa            Master Card    Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

I, the undersigned, submit that my son or daughter is physically fit to participate in strenuous athletic activity and release the Chris Cooley Football Camp, Fairfax High School, Fairfax City Schools, Chris Cooley, and all sponsors from any and all responsibility for injury or illness. I hereby authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and provide the camp proof of medical and accident insurance. I also understand that my deposit is subject to a handling fee. I consent to ProCamps, Ltd, its agents, and photographers taking and/or using photographs of my son/daughter for promotional/marketing purposes.

Parent or Guardian Signature

Date

Emergency Phone Number

\*A confirmation email will be sent to each participant upon acceptance into the Chris Cooley Football Camp. Specific site information and directions will be included with your confirmation. Please note, if paying by credit card, a charge for ProCamps/Thrive will appear on your statement. For additional information, please call 513/793-2267. To fax in your registration form please send to 513/297-7205.

PHONE  
(513) 793-2267

**ProCamps**  
WORLDWIDE  
www.ProCamps.com

FAX  
(513) 297-7205