

Generals Football 1 Day Camps 2017

Camp Information: Please indicate which camp you will be attending

- May 20** register 9:00-10:00 camp to 1:00 at Holy Innocent's Episcopal School in Atlanta, GA \$50
- May 27** register 8:00-9:00 camp to 2:00 at Washington and Lee University (Lunch Included) \$75
- July 21** register 12:00-1:00 camp to 5:00 at Washington and Lee University (Dinner Included) \$75

Prospective High School Football Players | Washington and Lee University

To attend our 2017 Generals Prospect Camp all you have to do is complete the bottom portion of this sheet and send it back to us to RSVP or contact Head Coach Scott Abell at abells@wlu.edu / 434-665-1884. You will also need a copy of your high school physical, Insurance Information, and Camp Waiver to turn in at registration or send in with camp application. All players will need to bring workout gear (athletic shorts, sneakers, and cleats). Players **Do Not** need to bring a helmet or shoulder pads. A camp trainer will be on duty at all times. The camp trainer will also be available at check-in to help with any medications.

2017 CAMP APPLICATION

Name _____ Cell # _____ Home # _____
Address _____ City _____ State _____ Zip _____
High School _____ Grad Year _____ GPA _____ ACT/SAT _____
Position: Off _____ Def _____ Spec _____ Height _____ Weight _____
T-Shirt Size _____ # Joining us for lunch at **W&L camps only** (not including athlete) _____
Parent / Guardian _____
Parent E-mail address: _____

Mailing Address:

Generals Prospect Camp

Head Football Coach Scott Abell

204 West Washington St.

Lexington, VA 24450-0928

Detach and Mail with \$75.00 or \$50 Check made to:

Generals Football Camp, Scott Abell

PARENTS/GUARDIAN'S ASSUMPTION OF RISK AND ACKNOWLEDGEMENT I VERIFY THAT MY CHILD HAS BEEN CHECKED BY A LICENSED PHYSICIAN AND PHYSICALLY ABLE TO PARTICIPATE IN GENERALS FOOTBALL CAMP. IN ADDITION, I UNDERSTAND THAT ATTENDANCE AT A FOOTBALL CAMP CARRIES CERTAIN RISKS OF INJURY AND I ASSUME ALL RISKS RESULTING FROM PARTICIPATION IN THIS CAMP. I UNDERSTAND THAT THE CAMP IS NOT OPERATED OR CONTROLLED BY WASHINGTON AND LEE UNIVERSITY AND WILL HOLD HARMLESS THE WASHINGTON AND LEE UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, AND ANY AND ALL AFFILIATED DEPARTMENTS FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, CLAIMS AND DEMANDS OF EVERY KIND OR NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH OR RESULTING FROM PARTICIPATION IN ANY CAMP ACTIVITIES. I WILL NOT HOLD ANYONE ASSOCIATED WITH THE CAMP, WASHINGTON AND LEE UNIVERSITY, OR HOLY INNOCENT'S EPISCOPAL SCHOOL LIABLE FOR INJURY OR HARM THAT MAY OCCUR DURING GENERALS PROSPECT CAMPS. FURTHER MORE MY SON HAS PERMISSION TO ATTEND AND PARTICIPATE IN THE GENERALS PROSPECT CAMP. I GIVE MY CONSENT FOR MEDICAL TREATMENT AND PERMISSION TO ATTENDING PHYSICIANS TO HOSPITALIZE, SECURE PROPER TREATMENT, AND ORDER INJECTION, ANESTHESIA, OR SURGERY. I WILL BE RESPONSIBLE FOR ANY MEDICAL OR OTHER CHARGES IN CONNECTION WITH MY SON'S ATTENDANCE IN CAMP. I SPECIFICALLY WAIVE, GIVE UP AND RELEASE THE GENERAL FOOTBALL CAMP AND ITS STAFF FROM ALL LIABILITY FROM ANY CLAIM FOR DAMAGES WHICH I OR MY SON MAY HAVE FOR INJURIES OR ILLNESS THAT HE MAY SUSTAIN AT CAMP. **CAMPERS**

CAMPERS PRINTED NAME _____

CAMPERS SIGNATURE _____ **DATE** _____

PARENTS PRINTED NAME _____

PARENT'S/GUARDIAN'S _____ **DATE** _____