

SOUTHERN IDAHO FOOTBALL CAMP - NO REFUNDS AFTER MAY 15, 2020

Name: _____

Home Address: _____

City, State: _____ Zip: _____ I-Size: _____

School _____

Camp fee: \$280 Please write check to BK football

SOUTHERN IDAHO FOOTBALL CAMP - BEHAVIOR CONTRACT

Our mission at the Southern Idaho Football Camp is to provide exceptional indoor and outdoor facilities, services, programs and experiences that engage, inspire and enrich lives.

Every camper is required to complete a *Behavior Contract*.

The Southern Idaho Football Camp reserves the right to dismiss any camper if their behavior jeopardizes other campers' safety and well-being. Disruptive or dangerous behavior by participants will not be allowed. Southern Idaho Staff will issue an oral warning to the camper, contact their coach, or hold conferences to eliminate such behavior. Campers will be dismissed from the program if problems cannot be corrected or behavior imposes a risk to other participants. Campers will abide by the policies and procedures of the camp.

Parents of dismissed campers will not be reimbursed their camp tuition or fees.

This behavior contract is designed to allow you the great opportunity while outlining your most important responsibilities to ensure a fun time! Please read over the numbered rules below very carefully with your parents. When you are sure you understand these guidelines and the expectations and the consequences associated with them, sign your name and the date at the end. Have your parents sign this as well.

- 1) Appropriate behavior is expected of all participants in the Southern Idaho Football Camp. Behavior conflicts within the Camp will be addressed appropriately to the disruptive behavior and is at the discretion of the Southern Idaho staff.
- 2) The use or possession of alcohol, tobacco, drugs, weapons, or any controlled substances by any camp participants will result in expulsion from the camp for the remainder of camp.
- 3) Criminal behavior of any sort will not be tolerated. This includes the unauthorized use or theft of the property of any Southern Idaho camp participant or staff member. Also, damage or theft to program vehicles, equipment or any item on campus will lead to expulsion from the camp for the remainder of camp.

Appropriate and respectful interactions with program participants and Southern Idaho staff are essential to having a successful program experience.

I have read and understand the above statement and I will abide by these rules. I understand that there will not be any refunds after May 15, 2020.

Name of Participant (Print) (Signature) Date

Parent / Legal Guardian (Print) (Signature) Date

Participant's School Participant's Head Coach

SIFB Camp June 7th-10th

SOUTHERN IDAHO FOOTBALL CAMP - HELMET WARNING AND CARE

WARNING – NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL.

Do not use your helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such use can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear.

NO HELMET CAN PREVENT ALL SUCH INJURIES. YOUR HELMET IS NOT A WEAPON; IT IS FOR YOUR PROTECTION.

It is suggested that everyday before practice you perform the following 5-step check of your helmet.

1. Inspect helmet of obvious cracks, loose parts, or damaged cells or pads. Does it hold air?
2. Check the crown by pulling down on the helmet to make sure it doesn't slide over your eyes.
3. Grasp face mask and turn helmet side-to-side. Be sure skin wrinkles and that helmet doesn't just spin.
4. Check that jaw pads touch cheeks and that ear holes align with ears.
5. Check that the chinstrap is centered and snug. Check to see if snaps hold well.

All campers will be required to report to camp with ALL protective equipment as designated for competition. This includes mouthpieces, tail pads, hip pads, etc. Any one not properly dressed will be excused from camp until proper equipment is obtained. The entire Camp Coaching Staff will enforce this rule.

REPORT ANY PROBLEMS IMMEDIATELY TO EQUIPMENT MANAGER OR ATHLETIC TRAINER.

I have read and understand the above statement and the possible consequences:

Name of Participant (Print) (Signature) Date

Parent / Legal Guardian (Print) (Signature) Date

SOUTHERN IDAHO FOOTBALL CAMP - AWARENESS AND RISK FORM

In consideration for the opportunity to participate in the Southern Idaho Football Camp, I voluntarily agree to assume all risks involved in my child's participation in the Football Camp and all related activities. I understand that if I allow my child to participate, my child may be exposed to risks of personal injury and/or death and property damage or loss including, but not limited to, the following: serious back and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my child's body, general health and well being. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that cannot specifically anticipate and list here. Release of Liability:

I release the state of Idaho, College of Southern Idaho, Twin Falls School District, Nate Borchert, any subdivision or unit of the football camp, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses that I or my child may sustain as a result of my child's participation in the Southern Idaho Football Camp. My child's participation includes, but is not limited to, travel to and from the camps in a private or public vehicle, and any activity connected with the camps themselves, and while using state equipment of facilities for the event whether on or off the property.

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances. I am satisfied that my child can safely participate in this event. I am aware that this document is a contract with the Southern Idaho Football Camp. I certify by my signature below that I am this child's parent or legal guardian. I sign this document freely and voluntarily.

Name of Participant (Print) (Signature) Date

Parent / Legal Guardian (Print) (Signature) Date

SOUTHERN IDAHO FOOTBALL CAMP - MEDICAL INSURANCE INFORMATION AND CONCENT

I hereby authorize and give my consent to the Health Authorities of College of Southern Idaho and directors of Southern Idaho Football Camp, the Athletic Training Staff, or any licensed physician to perform upon or administer to:

Name of Participant (print) (Signature) Date

any reasonably necessary medical or surgical treatment and to act for me according to their best judgment in any emergency requiring medical attention. In the event of indicated major surgery, the camp/college authorities or physicians are not hereby excused from attempting to contact me by phone, or mail, before relying upon this authorization. I hereby waive, hold harmless and release Southern Idaho Football Camp. My signature also certifies that my son/daughter has obtained proper medical care for any current medical condition. I will be responsible for any medical or other charges in connection with his/her attendance at camp. I have read the rules and regulations of the camp and both the camper and I agree to abide by them. This permission is good only while the participant is attending Southern Idaho Football Camp and only until the participant has attained his/her eighteenth birthday.

My medical insurance company

Policy Number ***MUST HAVE*** Policy Holders Name

Please list any medical conditions or allergies that the camper might have of which the medical authorities should be aware in order to administer medical treatment.

Date of last tetanus immunization Participant's date of birth

ADDENDUM TO MEDICAL INFORMATION AND RELEASE

I hereby voluntarily assume all risk associated with participating in the Southern Idaho Football Camp, and agree to exonerate the regents of The State of Idaho and Board of Trustees of the College of Southern Idaho.

I also represent that I have adequate health / medical insurance coverage for any and all health / medical conditions or injuries that might incur as a result of my participation in this football camp.

Name of Participant (Print) (Signature) Date

Parent / Legal Guardian (Print) (Signature) Date

Address City State Zip

Person to contact in case of Emergency Relation to Participant Phone

Additional person to contact in case of Emergency Relation to Participant Phone