

THE BARBER FOUNDATION'S SUMMER YOUTH

FOOTBALL CAMP

2012

**Join Houston Texans' Safety Dominique Barber
and former NFL Running Back Marion Barber
for an exciting summer youth camp.**

With the help of their teammates and professional coaches, you'll have the opportunity to learn the game of football in a fun, welcoming atmosphere.

WHEN: **June 15th** **June 16th**
Elementary & Junior High Students High School Students, 7 on 7 tournament

TIME: **10:30am-3:30pm**

WHERE: **North Community High School**
17th & Fremont Avenue North and Girard North

COST: **FREE**

CAMP SCHEDULE

10:30am-11:00am Registration
11:00am-11:30am Warm-up/Stretches
11:30am-12:30pm Workout drills
12:30pm-2:30pm 7 on 7 Flag Games
2:30pm-3:30pm Food for Thought/Q&A

*Grade level for 2012-13 determines which date to attend.

**SPACE IS LIMITED - GUARANTEED
TO THE FIRST 150 STUDENTS!**

REGISTER ONLINE

@ www.Twenty10Sports.com/Barber

DOMINIQUE BARBER

MARION BARBER III



STAPLES



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TO RESERVE YOUR SPOT: Complete the information listed below, along with a parent/guardian signature, and return the application - with a parent/legal guardian present- to **Clipper Cuts Barber Shop, 2064 West Broadway** (between Penn and Oliver), or mail to: **The Barber Foundation, P.O. Box 46106, Plymouth, Minnesota 55446.**

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PARENT/GUARDIAN INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ ☐

Work Phone: _____ ☐

Cell Phone: _____ ☐

Please check
the number to
call incase of
an emergency.

INSURANCE INFORMATION

Carrier Name: _____

Policy #: _____

Physician: _____ Phone: _____

Please list 2 other people allowed to pick up your child:

WAIVER - Please read and sign:

On behalf of my child(ren), I accept and assume any and all risks associated with his/her/their attendance and participation in the camp and its activities. I understand that my child(ren) should not attend the camp if he/she/they are not healthy. I understand that my child(ren) must abide by camp policies and the instructions of the camp staff. I agree that should my child be dismissed from camp no part of my tuition will be refunded. I understand that no reduction in the tuition will be made for late arrival, early departure, vacations, illness or injury. In the event that I cannot be contacted in an emergency, I hereby grant The Barber Foundation permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of my child at camp and The Barber Foundation has the right to utilize these in brochures, videos, slide shows, web site, and other camp materials. Permission is also granted for my child(ren) to attend all scheduled field trips. Knowing these facts, and in consideration of you accepting my child(ren)'s application, I, for myself, my child(ren) attending the camp, and anyone else who might claim on my or my child(ren)'s behalf ("I"), hereby agree that The Barber Foundation, and all parties involved, are not responsible for accidents, injuries, and/or medical or dental expenses arising from my child(ren)'s participation in the camp and, accordingly, I covenant not to sue, and waive, release, and discharge The Barber Foundation, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of, or relating to my child(ren)'s participation in the camp. I have carefully read all of the information in this application form and agree to all conditions.

Printed Name of Parent/Guardian: _____ Signature: _____ Date: _____

CAMP PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

Birthdate: ____/____/____ Height: _____ Weight: _____

Sex: M / F Grade in Fall: _____

School: _____

Circle T-shirt Size (One shirt per participant):

Youth: S (6-8) M (10-12) L (14-16) XL (18-20) Adult: S M L XL

Please note any special information we should be aware of:

_____ Medication _____ Condition (Medical, Social or Cardiac)

_____ Asthma _____ Allergy _____ Special Needs

_____ Other _____

Please Comment: _____

For more information call 1.612.454.1413 Visit us online at www.Twenty10Sports.com/Barber