



Registration Form
Registration Deadline May 15, 2009

Camper Status (check one)
Overnight Camper (\$695)
Day Camper (\$495)

Camper First Name
Camper Last Name
Age (as of 6/24/09)
Date of Birth
Home Address
City
State
Zip
Home Phone
Cell
Work Phone
Email
Address

Emergency Contact Name
Emergency Phone
Youth Football Organization and Team Name

Position of Interest (select your top three) : QB RB WR OL DL LB DB
How did you hear about the camp? (check one)
Past Camper Coach Friend Mailing Newspaper Story/Ad Internet Other
Referred By
T-shirt size: Youth- small medium large or Adult- small medium large
Requested Roommate

Insurance Information (must be completed in full in order to process application)
Medical Insurance Company
Insurance Company Address
Insurance Policy #
Group #
I.D.#

Method of Payment (Make checks or money orders payable to 4th and 9 Sports; All registration fees are due in full by May 15, 2009.)
Check Money Order American Express Mastercard Visa
Credit Card #
3 Digit Code on Back of Card
Credit Card Expiration Date
Name on Card
Billing Address(if different from above)

Authorized Signature & Amount \$

Please Mail Your Payment To:
4th and 9 Sports
c/o Matt Leinart Football Camp
17280 Newhope Street, Suite 10
Fountain Valley, CA 92708

Applications Can Be Faxed to: 714-444-0217

Enrollment Terms

Liability Release and General Enrollment Terms (THE PARTICIPANT AND PARENT/GUARDIAN MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE MATT LEINART FOOTBALL CAMP)

In consideration of the Matt Leinart Football Camp and 4th And 9 Sports, LLC, allowing my child or ward to participate in the football camp, I understand that my child/ward must have current and active medical insurance before he can attend. I hereby enroll my child/ward for the Matt Leinart Football Camp and authorize the staff to coach/mentor him/her in all camp activities. I certify that my child/ward is physically and mentally capable to participate in all camp activities. My child has no medical or other condition that may cause injury to himself or others by participating in camp activities. In the event of injury, I authorize the Matt Leinart Football Camp and its' medical staff to obtain and/or administer any treatment or medical care deemed necessary. Neither I nor my child/ward will hold the Matt Leinart Football Camp liable for any injuries sustained at the camp.

I acknowledge that the Matt Leinart Football Camp reserves the right to cancel or change programs or activities listed in the brochure or on the website when necessary. All pictures taken at or in conjunction with the Matt Leinart Football Camp are singularly and exclusively the property of the Matt Leinart Football Camp. They may be used by the Camp in any promotional mediums for future camp purposes. I understand that while my child is at the camp, I will limit the phone calls to emergencies and designated times as dictated by the camp schedule. I have read and understand all section of the Enrollment Terms on this form. All questions have been answered to my complete satisfaction.

Signature of Participant's Parent/Guardian
Date
Signature of Participant
Date