



ON SITE SUMMER CAMPS

Let us come to you!
Exclusive to Clients Only

Requirements:

50 player minimum \$200pp (Donny/Jep/Rory + OL Coach)
75 players minimum \$200pp (Donny/Jep + 4 coach crew)
Signed contract in advance

25% deposit in advance

\$200 Per Player/Minimum of 50 athletes required (can combine two schools)

Benefits Include:

- No travel or overnight costs
- Use of your facilities
- Four sessions per day (8 Total) OR customized to fit your needs
- Immediate dramatic improvement
- Players hear other coaches besides You teaching fundamentals
- Your players & staff are coached by Donny Walker and top System coaches in the country
- Your team's 7-on-7 sessions are filmed (by you) and review by System staff
- Your personnel are placed in the best position for them to help you win
- Customize camp directly for your team's needs
- Individual evaluations of players
- Video coaching with staff by position

TSC reserves the right to cancel these camps, Lightning-no refunds. All camps have limited enrollment.

Camp Location _____

Your School Name: _____

__X __Y __Z __QB __H __F __OL

Athlete Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Alt. Phone: _____

HFC Name: _____

Payment Information:

Check for \$_____ (Make Payable to "The System Camps")

Credit Card Check One Visa MC AMEX Discover

Name on Card: _____

Card #: _____

Exp Date _____ (MM/YY)

Security Code: _____ (Three number code on back of card)

Amount: _____

Signature: _____

Email Address: _____

Medical Information

Person to contact if unable to reach parents: _____

Relationship: _____ Phone Number: _____

Health Insurance Provider: _____

Policy #: _____ Name of Insured: _____

Personal Physician: _____ Physician's Phone: _____

Please respond to all questions below:

1. Do you have Diabetes? _____ If yes, give insulin dosage: _____

2. Do you have Epilepsy? _____ If yes, give medication: _____

3. Do you have Heart Disease? _____ If yes, please explain _____

4. Any other health problems? _____ If yes, please explain _____

5. Are you allergic to any medications? _____ If so, what? _____

Consent

Release – Minor's Rights

In consideration of The System Camps (TSC) allowing the aforementioned player to participate in the Camp, I, the undersigned Parent/Guardian, hereby release and hold harmless TSC, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the Camp.

Release – Parents'/Guardians' Rights

In consideration of TSC allowing Minor Participant to participate in the Camp, I, the undersigned Parent/Guardian, hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from minor Participant's participation in the Camp.

Indemnification by Parent/Guardian:

In consideration of TSC allowing Minor Participant to participate in the Camp, I, the undersigned Parent/Guardian, agree to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the Camp.

Emergency Medical Treatment

In case of a medical emergency, I give TSC and their medical training staffs my permission to perform or to sign for any medical assistance, which may be deemed necessary.

Behavior Policy

The undersigned Parent/guardian acknowledges and agrees that if Minor participant becomes a problem or violates camp rules or is involved in any other on-campus violation, he will be sent home at my expense. TSC is not responsible for supervision of campers who choose not to participate on the football fields.

Weather Policy

No refunds will be given for practices delayed or cancelled due to inclement weather and/or lightning.

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date

MAIL TO: THE SYSTEM CAMPS PO BOX 22826 LEXINGTON, KY 40522 www.thesystemcamps.com 800-804-8786