

*Skills and Drills Football Camp*  
At  
**Coastal Carolina University**

*Big South Conference Champions 2004, 2005, 2006, 2010*  
*NCAA Playoffs 2006, 2010*  
*16 All Americans*  
*5 NFL Players*  
*Est. 2003*

*Summer Football Camp Dates 2012*

<i>Camp</i>	<i>Grade</i>	<i>Date</i>	<i>Time</i>	<i>Price</i>	<i>Gear</i>
<b>One Day Camp</b>	8th-12th	<b>Sunday, June 24th</b>	<b>9am-3pm</b>	<b>\$65 Pre/\$90 day of</b>	<b>Helmets, Tennis Shoes &amp; Cleats</b>
<b>One Day Camp</b>	8th-12th	<b>Saturday, June 30th</b>	<b>9am-3pm</b>	<b>\$65 Pre/\$90 day of</b>	<b>Helmets, Tennis Shoes &amp; Cleats</b>
<b>Half-Day Specialist Camp</b>	9th-12th	<b>Saturday, June 30th</b>	<b>9am- 11:30am</b>	<b>\$35 Pre/\$50 day of</b>	<b>Helmets, Tennis Shoes &amp; Cleats</b>
<b>One Day Camp</b>	8th-12th	<b>Saturday July 14th</b>	<b>9am-3pm</b>	<b>\$65 Pre/\$90 day of</b>	<b>Helmets, Tennis Shoes &amp; Cleats</b>
<b>Half-Day Specialist Camp</b>	9th-12th	<b>Saturday, July 14th</b>	<b>9am- 11:30am</b>	<b>\$35 Pre/\$50 day of</b>	<b>Helmets, Tennis Shoes &amp; Cleats</b>

*Camp Information*

<p><u><i>Skills &amp; Drills Camp</i></u></p> <p><i>Meet the Coaches</i> <i>On Field Instruction &amp; Chalk Talk</i> <i>Drill Work</i> <i>Lunch &amp; Camp Shirt - Included</i> <i>Guest Speaker</i> <i>Competition Activities</i></p>	<p><u><i>Specialists Camp</i></u></p> <p><u><i>Special Instruction for:</i></u> <i>Punters</i> <i>Kick-Off</i> <i>Place Kickers</i> <i>Holders</i> <i>Long Snappers</i> <i>Returners</i></p>
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**Check in/Registration for camps at Adkins Field House inside Brooks Stadium at Coastal Carolina University**  
*For Pre-registration See Back of flyer: make checks payable to B.A.M. LLC, Mail to: Football Office, P.O Box 261954 Conway, SC 29528,*  
*Or Contact George Glenn at [gglenn@coastal.edu](mailto:gglenn@coastal.edu), (843) 349-5046*

**High School Coaches Welcome:**

*For Coastal Carolina Spring Football Practice Dates Call, 843-234-3487*

**Spring Game April 14, 12pm**

**Definition of a Man:**

***A person who stands on his own two feet and accepts responsibility for himself***



## ***Skills and Drills Football Camp Registration Form:***

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 High School: \_\_\_\_\_



Circle Camp Session:

One Day Camp, June 24th

One Day Camp, June 30th

Specialist Camp, June 30th

One Day Camp, July 14th

Specialist Camp, July 14th

Pre Registration Deadline: must be postmarked 10 days prior to selected camp.

Mail Registration to: Coastal Carolina Football Office, Attention: George Glenn, PO Box 261954, Conway, SC, 29528

Checks Payable to: B.A.M. LLC.

### Coastal Carolina University

#### Parental Consent, Assumption of Risk and Release from Liability Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to you minor child(ren). We must have a completed Parental Consent Form on file. This way, we can help your child without delay in the event of an emergency.

Name of minor: \_\_\_\_\_  
 Camp Attending: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Insurance Company's Name: \_\_\_\_\_  
 Medical/Hospitalization Insurance Policy #: \_\_\_\_\_  
 Phone Number of office holding policy: \_\_\_\_\_

#### Medical Information

Allergic Reactions: \_\_\_\_\_  
 Medication(s) presently taking: \_\_\_\_\_  
 Date of last tetanus shot: \_\_\_\_\_  
 Past illness or other information that would be useful in the event treatment is necessary:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Emergency Phone Numbers

Father (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 Mother (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 Other contact in event parents can not be reached:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

I voluntarily agree to allow my minor child(ren) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs, and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of Coastal Carolina University with the exception of willful or gross negligence.

In consideration of allowing my minor child(ren) to participate in this activity, as well as the use of any of the facilities and the use of the equipment, I hereby agree as follows.

(1) TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exceptions of intentional, wanton or willful misconduct, that I may have in the future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers.

(2) To release Coastal Carolina University, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage or wrongful death arising from this activity whether negligence. By executing this document, I agree to hold Coastal Carolina University harmless for any injury, including, but not limited to, paralysis or permanent disability, or loss of life which may occur to my minor child(ren) during this activity and/or instruction.

(3) By entering into this agreement, I am not relying on any oral or written representation or statements made by Coastal Carolina University, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of South Carolina, United States of America.

(4) If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document

I hereby authorize the director, assistants, or other persons responsible for my minor Child(ren)'s care to act on my behalf, according to their best judgement, for said minor in any emergency requiring medical attention and I hereby waive and release the camp/program, the instructions and Coastal Carolina University of all liability for any illness or injuries incurred while at, or in transit to and from the camp.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_