**Hanover College High School Team Camp**

**Camp Grades 9-12**
**July 9-11**

**Fees**

The overnight fee is $265 for the camp and required with the return of the registration form and liability release. The camp fees cover lodging and meals. Please make checks to your Football team or Booster Club. We would prefer to do one big check or Cash from your business office or booster club.

**Housing & Meals**

Quality living accommodations are essential in a football camp. Campers, counselors, staff members, and coaches will be housed and fed in Hanover's residence halls and campus center. Rooms are furnished for double occupancy only. Head coaches will assign roommates. Each camper must bring his own sheets, pillow, blanket, towels, and soap. All rooms are air-conditioned and have been renovated within the last 4 years.

Athletic trainers are on duty. They will provide immediate medical attention to anyone who is injured or becomes ill and will address general athletic training needs. The Kings Daughter Hospital and HC Health Center are both located within 15 minutes of the camp facilities.

The camp director reserves the right to dismiss anyone for any violations during camp. Tuition will not be refunded for any voluntary withdrawal or expulsion from Hanover College Football Camp.

**The Camp and Camp Objectives**

Hanover College is offering campers the chance to interact with the Hanover coaching staff in an instructional college practice setting. The Camp is designed to give campers an intense 3-day, 7 opportunity safe football learning and team experience. This camp is geared toward each team becoming a better team through individual, group and team install, competition periods and working with college positional coaches for individual instruction. The camp will feature individual and group high school instructional periods along with high school team teaching times, 7 on 7 and 11 on 11 controlled periods.

**What to Bring**

* Athletic clothing (shorts, t-shirt, socks, etc.)
* Helmet, shoulder Pads and Mouthpiece
* Molded cleats and flat soled athletic shoes - NO METAL TIPPED CLEATS
* Quarterbacks, running backs and receivers are to bring a football marked with name and school
* Sun Screen!!!
* Bed linens, blankets, and pillow
* Towels and toiletries
* Money to purchase pizza and drinks in evening (optional)

**Insurance and Medical Care**

A certified athletic trainer will be present during all physical activities, but all campers are responsible for their own health insurance. Each camper must be covered by his parent's insurance and the release agreement signed before participating in any camp activities. Also, any reasons or circumstances that would not allow the camper to fully participate should be noted on the registration form.

CAMP SCHEDULE

**Day 1**

* 12-1 p.m. Camp Registration
* 2 p.m. Coaches meeting
* 2:30 pm -4: 30 p.m. Practice
* 4:45-6 p.m. Dinner
* 7:00 - 9:00 p.m. Practice

**Day 2**

* 7:00-8 a.m. Breakfast
* 9:00 - 11 a.m. Practice
* 11:45-12:30 Lunch
* 12:30 - 2:30 p.m. Team Meeting (optional)
* 2:30 - 4:30 p.m. Practice
* 4:45 -6:00 p.m. Dinner
* 7:00 - 8:45 p.m. Practice

**Day 3**

* 7:00-8 a.m. Breakfast
* 9:00 – 11:45 a.m. Practice
* 11:45-12:45 Lunch
* Check out 1:00
* Optional Film Session- 1-2:00- Check out at 2- Coaches Choice

**2024 HANOVER FOOTBALL CAMP**

**Child Participation Waiver, Release of Liability, Agreement to Indemnify Release and Medical Certification Form**

**(Must be turned in at Check-In prior to start of Camp)**

**LAST Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FIRST Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Twitter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for the Hanover Football Camp allowing my child identified above (“Child”) to participate in to engage in football, fitness and recreational activities ("Fitness Activities") at the Hanover Football Camp at Hanover College’s facilities (“Facilities”), I/we as the parents and/or legal guardians of Child, on our behalf and on behalf of our Child to the extent Child is a minor, as well as on behalf of our and Child’s heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

**Acknowledgment of Risks:** I/we understand and acknowledge that participation in the Fitness Activities are potentially hazardous activities that involve risks, known and unknown, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, paralysis or death to ourselves, Child or other persons and/or damage to property. These risks include, but are not limited to, negligence of Hanover Football Camp or Hanover College, physical injury from the Fitness Activities, improper supervision, equipment failure, intentional and unintentional physical contact, property conditions, maintenance or design, known or unknown medical conditions, infections (including but not limited to viral, bacterial, and fungal infections), improper use of equipment and acts or omissions of others conditions, including, but not limited to, coaches, instructors, other participants and other third parties. I/we accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to our and Child's access to or use of the Facilities and/or participation in the Fitness Activities, and acknowledge that we and Child are voluntarily entering and using the Facilities and/or participating in the Fitness Activities even with knowledge of these risks.

**Liability Release and Indemnity Agreement:** Acknowledging that such risks exist, I/we hereby RELEASE AND DISCHARGE Hanover football Camp, Hanover College and its employees, students, agents, assigns and/or anyone associated in any way with Child's access to or use of the Facilities and/or participation in the Fitness Activities including coaches, instructors, and other participants and their guardians (the "Released Parties"), from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses, and attorney fees that I/we, Child or anyone on our or Child's behalf (including but not limited to heirs, representatives or next of kin) have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to our or Child's access to or use of the Facilities and/or participation in the Fitness Activities, including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the strict liability or negligence in any form of the Released Parties. I/we further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND the Released Parties in any action or proceeding from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses, and attorney fees that I/we, Child or anyone on our or Child's behalf (including but not limited to heirs, representatives or next of kin) have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to our or Child's access to or use of the Facilities and/or participation in the Fitness Activities, or for our or Child's failure to comply with the terms of this Child Participation Waiver, Release of Liability and Agreement to Indemnify. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly caused in whole or in part by the strict liability or negligence in any form of the Released Parties.

**COVID Liability Release and Indemnity Agreement:** I recognize that there are certain inherent risks associated with this camp regarding COVID-19. While Hanover Football Camp and Hanover College will take certain steps in an attempt to mitigate the risk of COVID-19 spread, I understand that Hanover Football Camp and Hanover College cannot guarantee my child will not become infected with COVID-19, and athletic activities like football cause persons to be in close proximity to one another and therefore make them more susceptible to a COVID-19 infection. I also understand that Hanover Football Camp and Hanover College will not be able to implement all CDC guidelines and/or recommendations as such guidelines and/or recommendations, such as pre-arrival testing and pre/post camp quarantine, are impractical and would be prohibitively expensive for families, Hanover Football Camp, and Hanover College. I assume full responsibility for any personal injury resulting from COVID-19 infection to my Child, myself, and (if applicable) my family members, and further release and agree to indemnify the Released Parties for any claim which may hereafter be presented by me as a result of any such infection.

**Medical Treatment Authorization:** In the event Child becomes injured or ill during any activity, I/we authorize Hanover College to secure first aid and/or the services of any legally qualified physician or hospital and I/we agree to assume any financial obligations incurred therewith. However, I/we acknowledge that Hanover College is not responsible for and have no duty to provide any first aid, medical treatment or other assistance.

**Damage Responsibility:** I/we also agree that I/we will be financially responsible for any damage to the Facilities or other Hanover College property caused by Child.

I/we have read and fully understand this Child Participation Waiver, Release of Liability, Agreement to Indemnify and Medical Certification Form and agree to be bound by its terms. I/we understand that by signing this document I/we are waiving certain legal rights for ourselves and Child, including the right to sue the Released Parties. I/we sign this document on behalf of ourselves and Child freely and willingly.

**Parent/Guardian Signature (required)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the policy’s company name, address, number and owner. The accident insurance provided by the camp is on an excess basis.

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy

Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Certification**

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically fit to participate in an active football camp during the days of the camp for which he has registered. I know of no physical impairments which would in any manner limit his participation in such a program.

Current Medical Conditions (Asthma, Allergies,etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(required)** **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

1) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my child’s photograph to be used in future brochures.

Yes No **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_