

## REGISTRATION FORM

For quick and easy online registration, please go to: [www.jaguarfootballcamps.com](http://www.jaguarfootballcamps.com)

Name \_\_\_\_\_

Grade (Fall 2015) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

School \_\_\_\_\_

Parent /Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Team \_\_\_\_\_

### Please Circle Camp(s) Attending

- Jackson, MS June 15th...Mississippi College 1:00-3:30 PM  
\$35 per individual (cash or cashier check only)
- Decatur, AL June 16th...Decatur HS 8:00-10:30 AM  
\$35 per individual (cash or cashier check only)
- Birmingham, AL June 16th...Oak Mountain HS 5:00-7:30 PM  
\$35 per individual (cash or cashier check only)
- Montgomery, AL June 17th...Park Crossing HS 8:00-10:30 AM  
\$35 per individual (cash or cashier check only)
- Mobile, AL June 17th...South Alabama 5:00-7:30 PM  
\$35 per individual (cash or cashier check only)
- Opelika, AL June 24th...Opelika HS 8:00-10:30 AM  
\$35 per individual (cash or cashier check only)
- Dothan, AL June 24th...Rip Hewes Stadium 5:00-7:30 PM  
\$35 per individual (cash or cashier check only)
- \*Next Level June 25th...South Alabama 4:00-8:00 PM  
7 on 7 Camp \$375 per team (full team)
- Mobile, AL July 13th...South Alabama 5:00-7:30 PM  
\$35 per individual (cash or cashier check only)
- Youth Football July 13th-15th...South Alabama 8:00 AM-4:30 PM  
Camp \$225 per individual (Grades 1-8)
- Daphne, AL July 15th...Daphne HS 5:00-7:30 PM  
\$35 per individual (cash or cashier check only)
- 7 on 7 Camp July 16th...South Alabama 4:00-8:00 PM  
\$375 per team (Skill players only)
- OL/DL Team July 16th...South Alabama 9:00 AM-6:00 PM  
Camp \$100 per individual

### Payment

Mail To: JAG Football Camp

1 Football Fieldhouse

591 Joseph E. Gottfried Dr.

ATTN: Brendt Bedsole

Mobile, AL 36688

Amount \$ \_\_\_\_\_

(Payment Must Accompany Registration Form)

**\* Next Level Camps are 7 on 7 camps that include offensive and defensive line strongman drills and competitions as well as kicker and punter competitions.**

**\*\* All 7 on 7 camps will have an FCA speaker.**



**ON-LINE REGISTRATION**

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## 2015 Joey Jones Football Camps

University of South Alabama  
Football Office

591 Joseph E. Gottfried Drive

Mobile, AL 36688

Office phone: 251-445-4004

Fax: 251-410-6004

Email: [jaguarfootball@southalabama.edu](mailto:jaguarfootball@southalabama.edu)

# Joey Jones Football Camps

## Schedule Of Summer Camps 2015



Head Coach Joey Jones  
2013 Sun Belt Coach of the Year

2014 Camellia Bowl

## CAMP INFORMATION

### 7 ON 7 TEAM CAMP

4:00 - 8:00 PM

June 25, 2015

(FCA Strongman competition/7 on 7)

July 16, 2015

(7on7 only)

Grades: 9th – 12th

Cost: \$375 one team

\$500 two teams

Registration/check-in: 4:00 - 4:30 PM

Players will need to bring cleats, home and away jersey, shorts and helmet.

Camp Location: USA Intramural Fields

*These are one day camps.  
Teams will be responsible for rooms,  
meals and transportation to and from  
camp.*

### Football Youth Camp

July 13-15, 2015

Cost per athlete: \$225

Grades: 1st-8th

Registration/check-in: 8:00 - 8:30 AM

8:00 - 11:30 — Offensive Football

11:30 - 1:00 — Lunch

1:00 - 4:30 — Defensive Football

Camp Location: USA Football Facility

## Offensive/Defensive Line

### Camp

July 16, 2015

Cost: \$100

Grades: 9th - 12th

Check-in: 9:00 - 10:00 AM

Session 1

Lunch & Chalk Talk

Session 2

Snack

Session 3

Check-Out: 6:00 PM

Camp Location: USA Practice Fields

Players will need to bring  
cleats, shorts, t-shirt and helmet

*All camps are open to any and all applicants and are limited only  
by the age, grade level and/or gender of the participant.*

## REQUIRED ITEMS

The following form will need to be completed prior to participation:  
**THE JOEY JONES SUMMER  
FOOTBALL CAMP MEDICAL  
LIABILITY AND PHOTOGRAPHIC  
RELEASE FORM**

## HOW TO REGISTER

**Online** - For quick and easy online registration, please go to: [www.jaguarfootballcamps.com](http://www.jaguarfootballcamps.com)

**By Mail**—Send your completed registration form and payment to the address on the registration form.

*Our main objective is the safety of each and every camper.*

## SAFETY

We have licensed collegiate trainers on duty at all times to attend to injuries and the welfare of all campers.

## SPECIAL NEEDS

If you need any auxiliary aids or services identified in the Americans with Disabilities Act, please call (251) 445-4055.

## CANCELLATION POLICY

Full refunds are available up to 10 days prior to camp, less a \$50 registration fee. No refunds will be given after that date. No refunds will be given once the camp has begun. Refunds will be processed after the last camp session has been completed.

Camper's Name: \_\_\_\_\_, \_\_\_\_\_ Camp: \_\_\_\_\_

(Last)

(First)

Camp Date: \_\_\_\_\_

THE JOEY JONES SUMMER FOOTBALL CAMP MEDICAL LIABILITY AND PHOTOGRAPHIC RELEASE FORM

ALL FORMS MUST BE COMPLETED AND RETURNED PRIOR TO YOUR CHILD'S PARTICIPATION IN CAMP. EMERGENCY MEDICAL INFORMATION

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular/Pager \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Check below any health conditions that relate to camper. In space below, please provide information relating to condition. This information is confidential.

- Mental or emotional health issue
Lung disease (asthma, TB, etc.)
Chest pains or shortness of breath
Arthritis, diabetes, kidney or bladder disease
Impaired vision or hearing
Seizure disorder
Disease of heart or blood vessels
High blood pressure
Hay fever or allergies
Recent surgeries, accidents or injuries
Stomach or intestinal trouble (ulcers, etc.)
Food allergies
Significant orthopedic and/or neuromuscular impairment

Explanation: \_\_\_\_\_

Please Note: All medications that accompany camper to camp must be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medications should be listed below:

Allergies to what medicines? \_\_\_\_\_

Date of last TETANUS BOOSTER \_\_\_\_\_

Current prescription/non-prescription medicines:

Name Dose Times

Name Dose Times

Name Dose Times

Special instructions for handling of medicine:

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

As parent/guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if the camp is unable to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that in case of an emergency, my health insurance will be the primary coverage for any expenses incurred. The Joey Jones Football Camp carries accident insurance that is secondary coverage.

Signature-Parent Guardian \_\_\_\_\_ Date \_\_\_\_\_

To be completed by camper's parent or guardian and a signature must be affixed in the space provided below.

My child \_\_\_\_\_

will be participating in Joey Jones Football Camp 2015.

I understand that travel to and from the Camp is solely my responsibility. I also understand that participation in the Camp is on a voluntary basis and that I am aware of and agree to abide by the rules and regulations of the Camp.

I fully recognize that there are inherent risks in this as in any physical activity and do hereby agree to assume all of the risk and responsibility surrounding my child's participation in said activity. By my signature affixed below, I agree to hold harmless an indemnify, release and further discharge the University of South Alabama and the Joey Jones Football Camps, and all of its trustees, officers, agents, servants, and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in aforementioned activity.

I affirm that my child is physically able to participate in aforesaid activity and that the University of South Alabama and the Joey Jones football Camps, its trustees, officers, agents, servants, and employees assume and accept no liability for personal injury, loss of life or damage to personal property.

Signature - Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PHOTOGRAPHIC RELEASE (please check one box)

I authorize the Joey Jones Football Camp to photograph, video, and/or audio tape my child for promotional use.

I do not authorize the Joey Jones Football Camp to photograph, video, and/or audio tape my child for promotional use.

Signature-Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_