

To be completed by parent or guardian. Please type or print in ink only. Be sure to fill in all sections, including signatures. This form may be copied for addition registrations.

**ATHLETE INFO**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Age (at time of camp) \_\_\_\_\_ Grade (in Fall of 2012) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Email \_\_\_\_\_ Facebook Profile \_\_\_\_\_

School Name (HS, JH or Elementary) \_\_\_\_\_ High School District Name \_\_\_\_\_

Youth Football League \_\_\_\_\_ Youth Football League Team Name \_\_\_\_\_

Height (ft. in.) \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ Roommate Preference \_\_\_\_\_

\*Roommate requests are not guaranteed, but we will do our best to honor all requests.

Position, OFFENSE  
(MUST choose 1)

Position, DEFENSE  
(MUST choose 1)

Adult T-Shirt Size  
 S  M  L

QB  RB  WR  TE  OL  DB  LB  DL  XL  2X  3X

**PARENT/GUARDIAN INFO**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address (ONLY if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Facebook Profile \_\_\_\_\_

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

By giving us your cell provider, you are authorizing us to send a text message out to your mobile phone number listed above. We may notify you of any last minute changes to the published schedule or contact you with non-critical information about your child. Standard text messaging rates apply.

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



1

**Due to limited space:**  
Any registrations received after **June 17, 2012** will be charged a **\$20** late registration fee.

**PREPARING THE NEXT GENERATION**  
**June 23 - 26, 2012**

**Saturday - Tuesday**

Bedell Family YMCA | 1900 41st Street | Spirit Lake, IA

Valley Stadium | 4440 Mills Civic Parkway | West Des Moines, IA

Option	Days	LWFA Sessions	Lodging Nights	Meals Breakfast	Lunch	Dinner	Camp Foster Programming	Fee	Total
Full Week Camper	7* (Sun-Sat)	5	YES 6 Nights <i>Sun, Mon, Tue, Wed, Th, Fri</i>	YES at Camp Foster	YES at YMCA	YES at Camp Foster	YES (Sun-Sat)	\$429 Commuter Fee plus \$150	
Resident Camper	4* (Sun-Wed)	5	YES 3 Nights <i>Sun, Mon, Tue</i>	YES at Camp Foster	YES at YMCA	YES at Camp Foster	YES (Sun-Wed)	\$378 Commuter Fee plus \$99	
Commuter	3 (Sun-Tue)	5	NO	NO	YES at YMCA	NO	NO	\$279	
West Des Moines	1 (Sat)	2	NO	NO	YES at Valley Stadium	NO	NO	\$139	

**PAYMENT INFO**

Payment by: (Check one)  Attached Check: Check# \_\_\_\_\_

eCheck Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ Name on Check \_\_\_\_\_ ZIP \_\_\_\_\_

Visa  MasterCard  Discover

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

**EMERGENCY CONTACT INFO**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list ANY allergies, special medical conditions or health/safety concerns

Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

Please send your **non-refundable / non-transferable** \$100 deposit or FULL payment & your:

- 1 Registration Form
- 2 Waiver & Release of Liability Form
- 3 Camp Foster Health Form\*

**TO:** LeVar Woods Football Academy  
c/o Bedell Family YMCA  
1900 41st St.  
Spirit Lake, IA 51360

**MEDICAL RELEASE IS MANDATORY:**

A completed & signed medical release form must be received in order to participate, **NO EXCEPTIONS.**

Register online or access additional information at:  
[www.levarwoodsfootball.com](http://www.levarwoodsfootball.com)