

**Register Today for:  
Karney's 44 Kids Camp**  
(Use separate form for each camper.)

Camper's Name: \_\_\_\_\_  
 Camper's Birthdate / Age: \_\_\_\_\_  
 Contact #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Emergency Contact #: \_\_\_\_\_  
 Allergies or Special Food Needs: \_\_\_\_\_

Camp Shirt Size (Adult Sizes Only):  
 S    M    L    Other \_\_\_\_\_

Please choose the top 2 Offensive Positions your Camper would like to participate in:

Quarterback \_\_\_\_\_ Running Back \_\_\_\_\_  
 Off. Lineman \_\_\_\_\_ Receiver \_\_\_\_\_ Tight End \_\_\_\_\_

Please choose the top 2 Defensive Positions your Camper would like to participate in:

Def. Lineman \_\_\_\_\_ Cornerback \_\_\_\_\_  
 Safety \_\_\_\_\_ Linebacker \_\_\_\_\_

Cost: \$75.00 per Camper (Cash or Check)  
 (Registration on day of camp will be \$100)

Make Check payable to:

Karney Foundation Association

Mail with registration (along with the completed release form on the other side) by June 12th, 2009 to:

**Karney Foundation Association**  
 c/o Kendra Moore  
 16017 SE 251st St  
 Covington, WA 98042

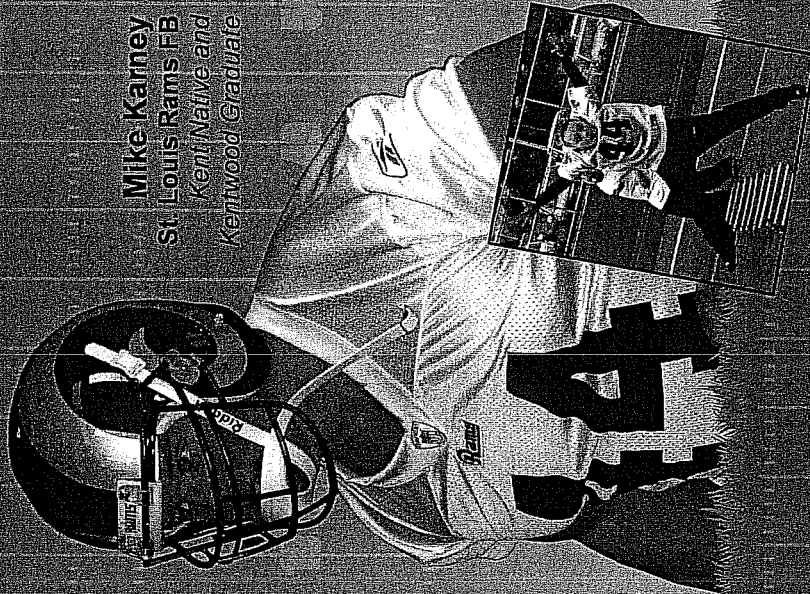
**Karney  
Foundation  
Association**

**44**

16218 SE 261st Place • Covington, WA 98042  
 karneys44kidscamp@gmail.com • www.karney44foundation.org

**Karney's**

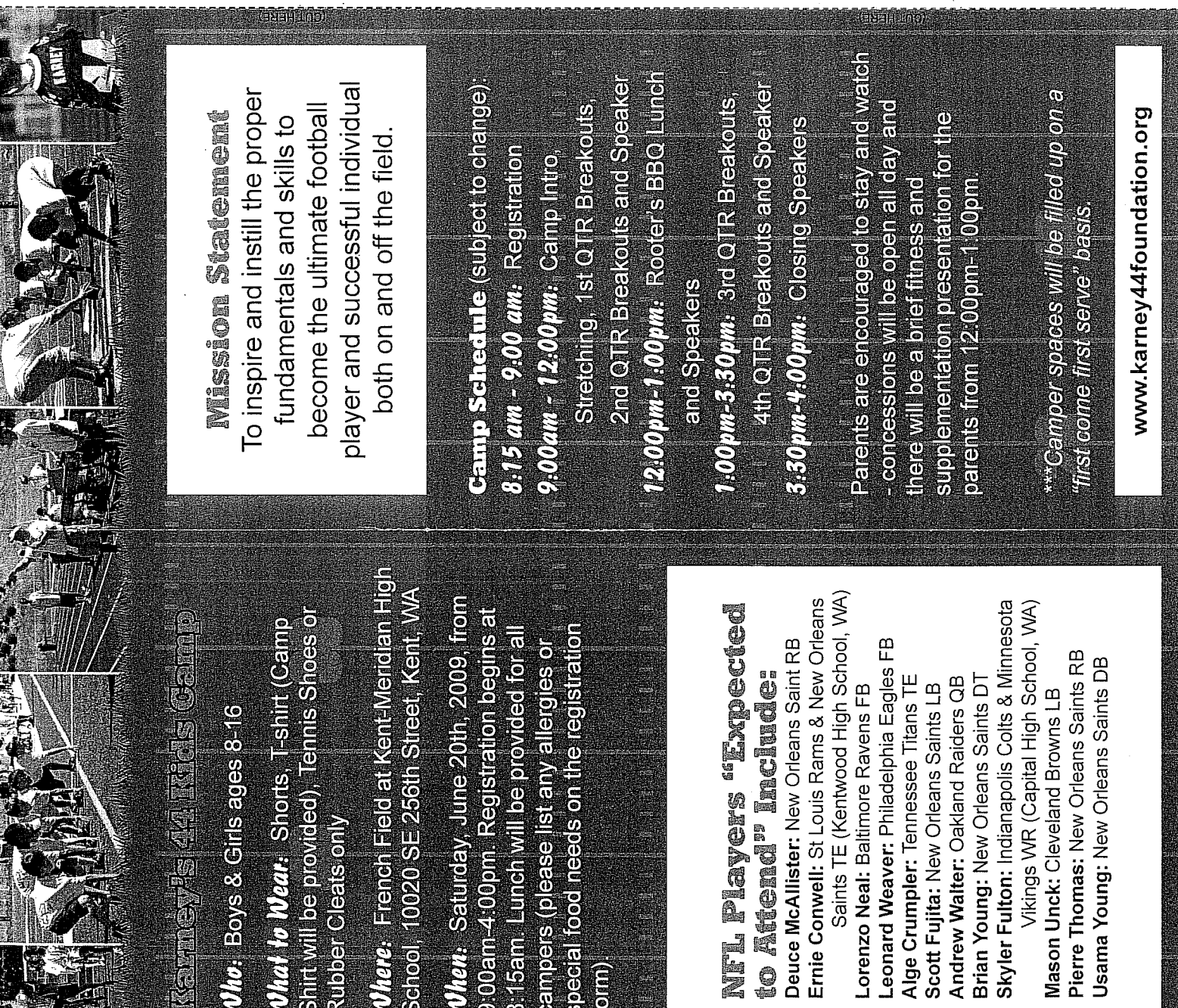
**Kids Camp**



**Mike Karney**  
 St. Louis Rams FB  
 Kent Native and  
 Kentwood Graduate

for Boys & Girls 8-16  
 Kent-Meridian HS  
 Sat. June 20, 2009  
 9:00am\* - 4:00pm

Registration starts at 8:15am



## Karney's 44 Kids Camp

**Who:** Boys & Girls ages 8-16

**What to Wear:** Shorts, T-shirt (Camp Shirt will be provided), Tennis Shoes or Rubber Cleats only

**Where:** French Field at Kent-Meridian High School, 10020 SE 256th Street, Kent, WA

**When:** Saturday, June 20th, 2009 from 9:00am-4:00pm. Registration begins at 8:15am. Lunch will be provided for all campers (please list any allergies or special food needs on the registration form)

### NFL Players "Expected to Attend" Include:

- Duce McAllister:** New Orleans Saint RB
- Ernie Conwell:** St Louis Rams & New Orleans Saints TE (Kentwood High School, WA)
- Lorenzo Neal:** Baltimore Ravens FB
- Leonard Weaver:** Philadelphia Eagles FB
- Alge Crumpler:** Tennessee Titans TE
- Scott Fujita:** New Orleans Saints LB
- Andrew Walter:** Oakland Raiders QB
- Brian Young:** New Orleans Saints DT
- Skyler Fulton:** Indianapolis Colts & Minnesota Vikings WR (Capital High School, WA)
- Mason Unck:** Cleveland Browns LB
- Pierre Thomas:** New Orleans Saints RB
- Usama Young:** New Orleans Saints DB

### Mission Statement

To inspire and instill the proper fundamentals and skills to become the ultimate football player and successful individual both on and off the field.

### Camp Schedule (subject to change):

- 8:15 am - 9:00 am:** Registration
- 9:00am - 12:00pm:** Camp Intro, Stretching, 1st QTR Breakouts, 2nd QTR Breakouts and Speaker
- 12:00pm-1:00pm:** Rooter's BBQ Lunch and Speakers
- 1:00pm-3:30pm:** 3rd QTR Breakouts, 4th QTR Breakouts and Speaker
- 3:30pm-4:00pm:** Closing Speakers

Parents are encouraged to stay and watch - concessions will be open all day and there will be a brief fitness and supplementation presentation for the parents from 12:00pm-1:00pm.

*\*\*\*Camper spaces will be filled up on a "first come first serve" basis.*

[www.karney44foundation.org](http://www.karney44foundation.org)

### \*\*\*PLEASE READ CAREFULLY\*\*\* PARENTAL ACKNOWLEDGMENT AND ASSUMPTION OF RISK RELEASE, DISCHARGE, AND WAIVER OF LIABILITY

I, \_\_\_\_\_ (parent/legal guardian), being the parent of legal guardian of \_\_\_\_\_ (name of child), do hereby give my permission for my child to attend and participate in Karney's 44 Kids Camp ("Camp"), a youth football camp organized and conducted by Karney Foundation Association, a Washington non-profit corporation ("Sponsor").

I understand and acknowledge that my child's participation in this activity is completely voluntary.

In consideration for Sponsor's permission to allow my child admittance and to participate in the Camp and its activities, I expressly acknowledge that football, by its very nature, is a rigorous and physical activity and that the possibility of injury and/or death exists. I understand and acknowledge that various injuries/illnesses may result from my child's participation in the Camp and its activities including, but not limited to, the following: sprains/strains; fractured bones; unconsciousness; head and/or back injuries; paralysis; loss of eyesight; communicable diseases; and death. Other risks include those caused by terrain, facilities, weather extremes, physical contact and/or the actions of other individuals, including, but not limited to, the Sponsor, its directors, officers, employees, representatives, agents, guests, volunteers, consultants, other visitors to the Camp, and other Camp attendees.

The above lists are not intended to be inclusive of all injuries and risks that may occur; rather, the purpose of the above is to inform me of the risks inherent in my child's participation in the Camp and its activities. I understand that this disclosure is undertaken to enable me to make a voluntary choice of whether to allow my child to participate. Therefore, I am voluntarily entering into this waiver and release and, with full knowledge of these risks and dangers involved, I hereby give my approval and permission for my child to participate in the Camp and its activities.

By entering into this waiver and release, I expressly assume any and all risks of injury, disability, death, loss, or damage to my child or my property.

Furthermore, as consideration for my child being permitted to participate in this activity, I hereby: (i) voluntarily WAIVE ANY CLAIM and DISCHARGE and FOREVER HOLD HARMLESS from any and all liability the Sponsor, its directors, officers, employees, representatives, agents, volunteers, consultants, and/or any and all individuals assisting with the Camp in any capacity for my child's injury, disability, death, loss, property damage and/or property theft (including damage and/or theft to my property), or for any other claims or causes of action that arise from, are incident to and/or associated with my child's participation in any activity in any way connected with the Camp which may hereafter accrue to my child or me; and (ii) INDEMNIFY the above-mentioned parties from any and all third-party claims or causes of action that arise from, are incident to and/or associated with my child's participation in any activity in any way connected with the Camp. I am aware and acknowledge that the above waiver includes any and all unknown claims.

I HAVE READ THE ABOVE AGREEMENT CAREFULLY AND FULLY AND HAVE SIGNED IT VOLUNTARILY AND WITHOUT INDUCEMENT. I INTEND MY SIGNATURE TO BE A COMPLETE AND CONTINUING RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

X \_\_\_\_\_ PARENT / LEGAL GUARDIAN SIGNATURE DATE \_\_\_\_\_

**DISCLOSURE OF POTENTIAL USE OF IMAGES, LIKENESSES AND TESTIMONIALS**  
Karney's 44 Kids Camp and/or Karney 44 Foundation may occasionally publish the images, likenesses and/or testimonials of Camp participants via newspaper, brochure, advertisements, the internet, and in other mediums and forms of promotion. Please initial here if you DO NOT consent to the aforementioned uses. \_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT**  
I, \_\_\_\_\_ (name of parent/legal guardian), authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by a licensed health care professional for my child.

arising from, related to, or in connection with my child's attendance and/or participation in the Camp and its activities. I understand and acknowledge that the above treatment may be performed without my notification and consent if such treatment is reasonably necessary and in the best interests of the health of my child. By my signature below, I hereby authorize such treatment without my notification and consent.

if this Consent to Medical Care and Treatment is NOT signed by the child's parent or legal guardian, the parent or legal guardian must be in attendance during the full day of the Camp in the event the child requires medical attention.

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Relationship to Child