

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 2013) _____

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 _____

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 _____

Cell Phone Provider _____

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.

LeVar Woods Football Academy (LWFA) requests the information on this form for the purpose of registration in LWFA, Camp Foster & YMCA programs. No persons outside LWFA, Camp Foster & YMCA are routinely provided this information for items of directory information such as name and local address. Responses to ALL items are REQUIRED. If you fail to provide the required information, LWFA, Camp Foster & YMCA may not consider your registration.



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Due to limited space:
Any registrations received after **June 16, 2013** will be charged a **\$20** late registration fee.

Preparing the next generation
June 23 - 25, 2013
Sunday - Tuesday

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

Option	Days	LWFA Sessions	Lodging Nights	Meals Breakfast	Lunch	Dinner	Camp Foster Programming	Fee	Total
Full Week Camper	7* (Sun-Sat)	5	6 Nights <small>Sun, Mon, Tue, Wed, Th, Fri</small>	YES <small>at Camp Foster</small>	YES <small>at YMCA</small>	YES <small>at Camp Foster</small>	YES <small>(Sun-Sat)</small>	\$429 <small>Commuter Fee plus \$150</small>	
Resident Camper	4* (Sun-Wed)	5	3 Nights <small>Sun, Mon, Tue</small>	YES <small>at Camp Foster</small>	YES <small>at YMCA</small>	YES <small>at Camp Foster</small>	YES <small>(Sun-Wed)</small>	\$378 <small>Commuter Fee plus \$99</small>	
Commuter	3 (Sun-Tue)	5	NO	NO	YES <small>at YMCA</small>	NO	NO	\$279	
Nate Kaeding Kicking Camp	1 (Mon)		NO	NO	YES <small>at YMCA</small>	NO	NO	\$139	
1-Day Skills Academy MON	1 (Mon)	2	NO	NO	YES <small>at YMCA</small>	NO	NO	\$139	
1-Day Skills Academy TUE	1 (Tue)	2	NO	NO	YES <small>at YMCA</small>	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