

Amobi Okoye
#91 Houston Texans
Youngest Player Drafted into NFL



Amobi Okoye Foundation
Kick-off For Kids
Football and Cross Training Camp

Registration Information:

_____ gender: m f
Name of Participant Camp: Football Cross Training

_____ relationship _____
Parent/Guardian

_____ Street Address

_____ City _____ State _____ Zip

_____ Email Address

_____ Phone Number

_____ DOB _____ Age _____ Grade

_____ School

T-Shirt Size:
Adult Sizes: Sml Med Lge XL XXL XXXL XXXXL
Youth Sizes Med Lge

Return completed Participant Registration form via fax by June 31st to Amobi Okoye Foundation: fax # 281-398-4211

Waiver and Release
I, the undersigned agree and certify that I am the parent and/or legal guardian of the above named participant. I also agree and certify that I have legal authority to provide consent for participation in said event. I further agree and understand remittance of this form does not imply acceptance into the Amobi Okoye Foundation Kick-off For Kids Movies & Motivation and that acceptance is at the sole discretion of organizer. I hereby assume full and complete responsibility for any injury or accident which may occur during my child's or my participation in this event or while on the premises of this event. I (on behalf and on behalf of my heirs, executors or administrators or assigns) hereby agree not to file suit against Amobi Okoye, The Amobi Okoye Foundation, Inc. InVictus91 Sports and Entertainment Marketing, Amobi Okoye Holdings, or other business interests, partners, employers, management, staff, or otherwise of Amobi Okoye, affiliates, sponsors, volunteers, staff, partners, agents respective affiliates, and others ("The Released Parties") for, and hereby indemnify and hold harmless the Released Parties from and against, any loss, liability, damage or claim I may have arising out of my child's participation in this event, including personal injury or damage, physical, emotional or otherwise, suffered by me or others, whether the same is caused by or results from falls, contact with other participants, conditions, facilities, transportation, physical plant facilities or otherwise, negligence of a Released Party or otherwise. I hereby grant full permission to the Released Parties to be photographed, videotaped and recorded and for Released Parties to use photographs, videotapes and other recordings of me from this event. I agree to comply with the rules of this event and acknowledge that the event committee reserves the right to reject my registration form for any reason. This entry is invalid unless signed by the participant or participant parent/guardian if participant is less than 18 years of age. I certify and agree that all agreements and waivers made herein apply to the participant and that I am signing to evidence the agreement of the participant.

_____ Parent/Guardian Signature _____ Date

Amobi Okoye Foundation



KICKOFF
for Kids

Football &
Cross Training
Camp

For Boys & Girls Ages 7 - 15

Saturday, July 18, 2009

Milton Frank Stadium
Huntsville, AL

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Check-in: 9:30 – 9:45 a.m. Start-time: 10 a.m.
Camp concludes at 2:30 p.m.

(All participants must be picked up by 2:45 p.m.)

Free to the public, but registration is required

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- Please bring a towel for perspiration.
- Wear sunscreen or other product to protect from the sun.
- Only attend if healthy enough to tolerate intense physical activity in heat. (limited to no shade available)
- Camp T-shirt and lunch provided.

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For more information contact:
Amobi Okoye Foundation: (866) 998-4203
Fax completed form to: 281-398-4211

Each attendee must pre-register.
Limited Availability!!

Amobi Okoye Foundation



KICKOFF
for Kids

Football &
Cross Training
Camp

Emergency Medical Information Form:

_____ gender: m f DOB: _____
Name of Participant

_____ relationship _____
Parent/Guardian

_____ City _____ State _____ Zip _____ email _____

In Case of Emergency Contact:

I. Name: _____ Relationship: _____

_____ Cell Phone Number _____ Home/Other Number Type; work home

II. Name: _____ Relationship: _____

_____ Cell Phone Number _____ Home/Other Number: Type; work home

Child's Doctor Name: _____ Phone : _____

List any known allergies (use additional space if necessary)

List all medications that is being taken by your child (use additional space if necessary)

Is your child currently under a physicians care for any reason? Yes No If yes, please describe. A medical release from a physician may be required if deemed necessary and is required for all heart and/or respiratory conditions and in the case of influenza, viral infections and other potentially contagious conditions.

I attest that my child is healthy enough to participate in this event. I authorize Amobi Okoye Foundation, event organizations, hosts and coaches to provide emergency medical treatment to my child at their discretion and give permission to transport my child to the nearest emergency medical treatment facility in the event of an emergency. I understand that I am responsible for associated costs of treatment and transportation. I release Amobi Okoye Foundation, Amobi Okoye, Sponsors, Coaches, participants from all liability associated with emergency medical treatment and any injuries or illness that may result in my child's participation in this event. I further understand and agree that by enrolling my child in this event, my child is healthy enough to participate in this event in potential extreme outdoor summer heat for an extended period. I agree not to sue Amobi Okoye, Amobi Okoye Foundation, partners, sponsors, coaches, volunteers, affiliates, or otherwise for any reason in association with my child's participation in this event.

_____ Parent/Guardian Signature

_____ Date