



CALVIN JOHNSON

JR. FOUNDATION

2016 Annual Wide Receiver Camp

Application

Deadline: May 27, 2016

The Calvin Johnson Jr. Foundation will host the 8th Annual Wide Receiver Camp for rising 9th through 12th grade wide receiver student-athletes on **Saturday, July 23, 2016 in Tyrone, GA**. Students selected for this **FREE** camp will experience a variety of sessions from experts in the field: 1) Scientific Thinking among Athletes; 2) Wide Receiver Skills with Calvin Johnson Jr.; 3) Keeping the Body Healthy and Hydrated; and 4) Conditioning the Body Appropriately. The Calvin Johnson Jr. Foundation, Inc. is a non-profit 501(c)(3) organization founded in 2008 by Calvin Johnson Jr., All-Pro NFL Wide Receiver.

Only student-athletes that will be in the 9th through 12th grade during the upcoming 2016-2017 school year are eligible to apply

APPLICATION REQUIREMENTS

- Rising 2016-2017 9th through 12th grade student-athlete
- Completed 2016 Calvin Johnson Jr. Foundation Camp Application
- Copy of applicant's 2016 Health Physical
- A written statement explaining, **"Why you would like to attend the Calvin Johnson Jr. Foundation Wide Receiver Camp?"**

APPLICATION PACKET MUST BE POSTMARKED BY May 27, 2016

Completed application materials may be mailed, scanned or faxed to:

Calvin Johnson Jr. Foundation Inc.

Annual Wide Receiver Camp

P.O. Box 1015

Tyrone, GA 30290

cjjrf81@yahoo.com

fax: 770-969-8579

*You may type directly onto this electronic form. To do so, press **Tab** to move through the field. Once completed; save the document on your computer, print, sign and send with other requirements to the address listed above.*

COMMITTEE USE ONLY	
Date Rec'd	_____
Tracking #	_____



CALVIN JOHNSON JR. FOUNDATION

2016 WR CAMP APPLICATION

Deadline: May 27, 2016

Applicant Information:

Full Name:			
Address:			
City/State/Zip:		County:	
Home Phone:		Cell Phone:	
Date of Birth:		E-Mail:	
		Height:	Weight:
Cleat Size:	T-shirt size:	Shorts Size:	Glove Size:
Parent/Guardian Name(s):			
Parent's Email:		Parent's Phone:	

School Information:

High School:	Upcoming 2016-2017 Grade:
High School Address:	
Football Coach's Name:	Coach's Number:
High School Football Position:	

Will you have transportation to and from the camp on Saturday, July 23, 2016 (8:30AM – 1:00PM)?	Yes:	No:
Do you have allergy problems?	Yes:	No:

Are you on medication?

Yes:

No:

If yes, what kind:

How did you hear about the Calvin Johnson Jr. Foundation Camp:

Essay:

**Explain why you want to attend the 2016 Calvin Johnson Jr.
Foundation Annual Wide Receiver Camp:**

Complete below or attach additional sheets

I certify that the information given on this application is true. I understand that falsification of any information may result in termination of my participation in any CJJRF activities. My signature below verifies that I have read and accept these conditions.

Signatures:

Applicant:		Date:	
Parent/Guardian:		Date:	

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT
AND RELEASE OF LIABILITY FORM**

I (We) _____ are the parent(s)/legal guardian(s), with legal custody of _____
_____ (child's name) birth date _____ who is _____ (age) and resides with us at _____
_____ (full address) and who attends _____

(name of school) give permission for our child to attend the Calvin Johnson Jr. Foundation, Inc. Football Camp.

We also give permission for a licensed physician, nurse, trainer or emergency treatment center selected by the camp officials/representative to administer the necessary attention and aid IMMEDIATELY to our child should he/she become injured or sick during the Calvin Johnson Jr. Foundation, Inc. Football Camp and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnosis treatment and hospital care deemed necessary. We understand the Calvin Johnson Jr. Foundation, Inc. Football Camp staff members or representatives will endeavor to reach us should the nature of the injury or illness warrants it. However, we will not hold any of the camp personnel responsible if efforts to contact me/we are unsuccessful. I also will not hold staff/representative of the Calvin Johnson Jr. Foundation, Inc. Football Camp liable of any injury cause while my child is participating with the camp.

During the time of the camp we can be reached at:

HOME PHONE: _____

FATHER'S CELL PHONE: _____

MOTHER'S CELL PHONE: _____

Nearest relative/friend to contact if parents cannot be reached:

Name: _____ Relationship: _____

Phone #: _____

Name : _____ Relationship: _____

Phone #: _____

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT
AND RELEASE OF LIABILITY FORM
(continued)**

Child's Doctor: _____ Phone: _____

Medical Insurance Company: _____ Policy Number _____

Allergies to medicines or other allergies: _____

Child is presently taking the following medication(s): _____

The medication is being taken for the following condition(s): _____

May your child take an aspirin-free pain reliever if he becomes ill at the camp? YES NO

_____ may be picked up by the following people:
(child's name)

	<u>Name/Relative</u>	<u>Phone Number</u>
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____

(Parent/Legal Guardian Signature) (Date)



**Calvin Johnson Jr. Foundation, Inc.
Media Release Form**

I, _____, do hereby give:

The Calvin Johnson Jr. Foundation, Inc. (the “Foundation”) and its successors, agents, assigns, and its designated third-parties, an irrevocable, royalty free, world-wide, perpetual right to use any audio, still photo and video image, and the reproduction and derivates thereof, in any media now known or ever invented of my name, image, voice, or likeness, for the non-profit educational, promotional, and/or marketing efforts of the Foundation. I expressly release the Foundation, its officers, board of directors, employees, volunteers, agents, licensees, mentors and assigns from any and all claims which I may have for invasion of privacy, right of publicity, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such audio and video of my image, voice, or likeness. I acknowledge that I will not receive any compensation whatsoever from the Foundation and that the resultant videos will not be used for any purpose inconsistent with the purpose of the Foundation.

I have read this release and understand and agree to its terms.

Signature

Date

Parent/Guardian

Date