



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



We want you to have a fun and safe experience, filled with learning and improvement! The information in this packet is extremely important, so please read through it carefully, fill out the enclosed forms and return them to the following address in order to secure a spot at camp:

All-Star Sports Training
P.O. Box 1390
DeLand, FL 32721

If you have any questions, then please contact Elizabeth Gorski via email at egorski@as-camps.com or call (352)771-8405 x 205.

CAMPER REGISTRATION FORM

CAMP REQUESTING TO ATTEND: _____

CAMP DATES: _____

Camper's Last Name: _____ Camper's First Name: _____ MI: _____

Street Address: _____ City, State: _____ Zip Code: _____

Home Phone: () _____ Sex: _____ D.O.B.: _____

Email Address: _____ School: _____

City, State: _____ Zip Code: _____ Grade: _____ Former Camper? _____

Father's Last Name: _____ Father's First Name: _____

Mother's Last Name: _____ Mother's First Name: _____

Father's Daytime Phone: () _____ Mother's Daytime Phone: () _____

Emergency Contact: _____ Relationship: _____ Phone:() _____

T-Shirt Size (circle one): S M L XL

If the camper will be taking any kind of medication during camp, then please note the drug and dosage:

Please note any medical condition that would require special attention:



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



WAIVER & RELEASE

THIS FORM MUST BE COMPLETED AND SIGNED AT THE BOTTOM
IN ORDER FOR YOUR CHILD TO ATTEND ALL-STAR SPORTS TRAINING CAMP.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned parent/guardian hereby grant permission to the medical staff or consulting physician at All-Star Sports Training to administer medications and provide medical care for the attending camper. I also give consent for any emergency transportation deemed necessary. I understand that all attempts will be made to reach an emergency contact or me before any action is taken. If no contact is available, the decision to treat my child will be made by the camp medical advisor and camp director. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I also understand that All-Star Sports Training will treat all information pertaining to my child as confidential, however, I agree that said information may be shared with/released to appropriate personnel and/or third parties for the purpose of treating and/or supervising my child.

ASSUMPTION OF RISK

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

RELEASE OF LIABILITY

In consideration of the opportunity afforded my child to participate on a voluntary basis in the All-Star Sports Training program I hereby waive any right or cause of action arising as a result of my child's participation in said camp program from which any liability may or could occur against All-Star Sports Training or its coaches, directors, agents, employees, donors and/or volunteers, either collectively or individually.

PHOTO RELEASE CONSENT

I give All-Star Sports Training permission to photograph and use pictures or videos of my camper either alone or in groups for usage in newsletters, website, camp albums, video slide show, etc.

I fully understand and agree to the terms stated above and agree that all information is complete and correct to the best of my knowledge.

Name of Camper (please print): _____

Signature of Participant or Parent/Guardian (if participant is under 18): _____

Date: _____



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



HEALTH INSURANCE INFORMATION

Health Insurance Company: _____

Policy/ID Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

CAMP PAYMENT SCHEDULE

DEPOSIT

This registration must be accompanied by your deposit fee (40% of camp fee). Campers have the option of paying the full amount of camp upon registering.

BALANCE DUE

The final payment (60% of camp fee) is due 30 days prior to the start of camp. A fee of \$20.00 will be added to the camper's registration fees if payment is not received by the due date.

Method of Payment (circle one):

Visa

Mastercard

Check (please make all checks payable to All-Star Sports Training)

Credit Card #: _____ 3-Digit Security #: _____ Expiration Date: _____

Name of Cardholder(print): _____ Signature of Cardholder: _____

Send Registration Forms and Check to:

All-Star Sports Training
P.O. Box 1390
DeLand, FL 32721



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



What Every ALL-STAR SPORTS Camper Should Know

EXPECTED CAMP SCHEDULE

Check-in will take place at 1:00 PM on the first day of camp. Check-out procedures will last from 11 to 12 noon on the final day of camp.

7:00 am	Wake-up
7:15-8:15	Breakfast
8:30	Dorm Check
9:00-11:15	Field Practice
11:45-12:45	Lunch
12:45	Dorm Check
1:30-3:45	Field Practice
5:00-6:00	Dinner
6:15	Dorm Check
6:30-7:30	Speed Development with All-Star Sports Trainers
7:30-8:30	Shower
8:30-10:00	Pro Athlete Presentation Movie and Snack
10:30 pm	Lights Out



*In the event of inclement weather we will take the kids indoors to practice on our indoor field

OFF-THE-FIELD SUPERVISION

All campers will reside in All-Star Sports' Lodge Facility which consists of a large, common living area and four dorm rooms with accompanying bathing areas. Camp participants will be split into four groups based on which dorm room they will be residing in for camp. Each dorm room will house fifteen campers and one Camp Chaperone. Camp Chaperones will assist their designated camp group throughout the day and assist their fifteen campers in transitioning between camp activities. Food will be served daily in the Lodge during the designated meal times. Also, all Lodge residents will be supervised by one designated Head Camp Counselor during the residential camp.



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



CAMP BANK

The camp will provide a “bank” for campers (and parents) concerned about the safe keeping of spending money for camp. We will have vending machines on site, snacks, sports drinks, All-Star Sports merchandise and equipment, and other items available for purchase in the camp store. Parents may deposit money into the camp bank for campers to use at their discretion. We recommend \$10-15 a day for spending money. The bank deposit will be recorded prior to the start of camp and your child will need to sign their name in the presence of their dorm counselor each time they use money on deposit. The camp bank will be open while campers are not on the practice field. NOTE: Money left in the bank needs to be withdrawn by you or your child on the last day of camp.

If you would like to secure spending money for your child, please fill out this deposit sheet and return it at least 30 days prior to the start of camp. Payment can be accepted in the form of credit card or check made out to All-Star Sports Training.

Camp Attending: _____

Camp Dates: _____

Name of Camper: _____ Home Phone: (____) _____

Name of Parent/Guardian: _____ Daytime Phone: (____) _____

CAMP BANK DEPOSIT :

Check Enclosed you will find Check# _____ in the amount of \$ _____ made out to All-Star Sports Training to be deposited in my child’s camp bank account.

Credit card Please put \$ _____ on the credit card I have checked for my child’s camp bank account.

**A \$5 handling charge is required when a camp bank deposit is made by credit card*

MasterCard Visa Discover

Credit Card #: _____ 3-Digit Security #: _____

Expiration Date: _____ Name of Cardholder(print): _____

Signature of Cardholder: _____

Return this form to:

All-Star Sports Training
P.O. Box 1390
DeLand, FL 32721



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



CLOTHING & EQUIPMENT CHECKLIST

Below is a list of items campers should look into bringing to camp. The camp is NOT responsible for items lost or stolen at camp. DO NOT bring televisions, expensive CD players or radios, expensive clothing, CDs or ANYTHING of great value to camp. We suggest you put your name on everything you bring to camp.

MANDATORY ITEMS:

- One light-colored football jersey
- One dark-colored football jersey
- Mouthpiece
- Shoulder pads
- Helmet with chin strap
- Football shoes
- Sneakers
- Personal bath towels
- Personal items and toiletries
- Old t-shirts and shorts – nothing dressy

SUGGESTED ITEMS:

- Athletic supporter with cup
- A pre-paid calling card (available at almost any store)
- Suntan lotion & sun block
- Inexpensive camera (disposables are great for camp)
- Alarm clock



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



EQUIPMENT RENTAL FORM

To rent football equipment for camp, the following information **MUST** be completely filled out. There are no refunds for equipment rental. To ensure rental equipment is available make sure you get this form in at least 30 days prior to the start of camp or bring it to the equipment table the first day of camp at registration.

Camp Attending: _____

Camp Dates: _____

Name of Camper: _____ Home Phone: (____) _____

Name of Parent/Guardian: _____ Daytime Phone: (____) _____

PLEASE CIRCLE 1 HELMET AND 1 SHOULDER PAD SIZE (sizing charts available on next page):

HELMET: Youth S Youth M Youth L Youth XL Youth XXL Adult S Adult M Adult L Adult XL

SHOULDER PAD: Youth3XS YouthXXS YouthXS YouthS YouthM YouthL YouthXL YouthXXL

AdultS AdultM AdultL AdultXL AdultXXL

- I would like to rent both a helmet and shoulder pads for \$59.00
- I would like to rent a helmet only for \$31.00
- I would like to rent shoulder pads only for \$28.00
- I would like to rent a helmet, shoulder pads, pants and pads for \$79.00
- I would like to rent pants and pads only for \$20.00

Check Enclosed you will find **non-refundable** Check# _____ in the amount of \$ _____ made out to All-Star Sports Training.

Credit card Please put \$ _____ on the credit card I have checked – I understand this is a non-refundable fee and I will be charged a \$5 processing fee for charging the rental equipment.

MasterCard Visa Discover

Credit Card #: _____ 3-Digit Security #: _____

Expiration Date: _____ Name of Cardholder(print): _____

Signature of Cardholder: _____

I understand the leased equipment is of the size, design, capacity and manufacture as recommended by recognized sports safety authorities in the sports equipment field. I understand All-Star Sports Training and/or Any of the Football Camps hosted by All-Star Sports Training are not the manufacturer or dealer of the equipment. I understand that the use of the leased football equipment is not in any way a guarantee of the prevention of any injuries, damages to the user, and hereby release the facilities where the camps are held, staff, counselors and employees, any and all All-Star Sports Training Staff, any and all NFL players past and present that may be at camp for any injury or damage which may occur to the minor child, including all risk connected therewith, whether seen or unforeseen. I further agree to save and hold harmless All-Star Sports Training and the otherwise mentioned parties from any claim by the undersigned or the minor child using the football equipment, or the child's estate, heirs, or assigns, other than for actual negligence of the camp program or it's agents. I specifically recognize this agreement does not constitute a waiver of any claims against manufacturer of the equipment arising out of defective manufacture or design of the sports equipment, or alleged breaches of any warranties concerning such equipment, but agrees and understands that they are agreeing to release and hold harmless the mentioned parties for any such defects in manufacture or design of such equipment or alleged breaches of warranties of such equipment.

A PARENT/GUARDIAN MUST SIGN THIS FORM BELOW BEFORE EQUIPMENT CAN BE RENTED.

Parent/Guardian Signature: _____ Date: _____



All-Star Sports Training

P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



DETERMINE YOUR HELMET SIZE

This is a general guide for finding the right size football helmet. If you do not know your hat size, measure the circumference of your head in inches. This is the length around your head, just above the eyebrows. The chart below is provided only as a starting point in selecting the proper helmet. Due to differing head shapes, the chart may not always suggest the proper size selection.

Adult Sizes

Size	S	M	L	XL	XXL
Hat Size	6 1/8 – 6 3/4	6 1/2 - 7	7 – 7 1/2	7 1/4 - 7 1/2	7 1/2 - 7 3/4
Circumference	19 5/8 – 21 1/4	20 1/8 – 22 3/8	21 5/8 – 23 1/4	23 1/8 – 25 1/2	24 1/2 - 26 1/2

Youth Sizes

Size	S	M	L	XL	XXL
Hat Size	6 3/8 – 6 5/8	6 5/8 – 6 7/8	6 7/8 – 7 1/8	7 1/8 – 7 3/8	7 3/8 – 7 1/2
Circumference	20 1/8 – 20 1/2	20 5/8 – 21 1/4	21 3/8 – 22	22 1/8 – 22 3/4	22 7/8 – 23 1/2

DETERMINE YOUR SHOULDER PAD SIZE

To determine the proper size shoulder pads, stand up straight with your arms at your sides. Using a soft cloth tape have someone measure across your back from shoulder blade to shoulder blade and round up this measurement by 1/2 inch. When determining the proper size youth pads, you will also need to know the players chest circumference by measuring (with a soft cloth tape) around the nipple line additionally you will need to know the players weight.

Adult Sizes

Size	Shoulder Width (inches)	Chest Size (inches)
S	16-17	34-36
M	17-18	38-40
L	18-19	42-44
XL	19-20	46-48
2XL	20-21	48-50

Youth Sizes

Size	Player Weight	Shoulder Width (inches)	Chest Size (inches)
3XS	40-60 lb.	9-10	22-24
2XS	60-75 lb.	10-11	24-26
XS	75-90 lb.	11-12	26-28
S	90-105 lb.	12-13	28-30
M	105-120 lb.	13-14	30-32
L	120-135 lb.	14-15	32-34
XL	135-150 lb.	15-16	34-36
2XL	150+ lb.	16-17	36-38



All-Star Sports Training


P.O. Box 1390
DeLand, Florida 32721
(352) 771-8405



DIRECTIONS TO ALL-STAR SPORTS TRAINING FACILITY


From Orlando:

Head East on I-4 towards Daytona Beach. Take the SR-472 W exit/Exit 114. Turn left onto FL-472 W. Merge onto S. Woodland Blvd./US 17-92. Turn left onto FL-15A/Spring Garden truck bypass. Turn left onto W. New York Ave./FL-44 and continue to follow FL-44 over the St. John's River bridge. Turn right onto CR-42/County Road 42 and continue to

follow CR-42. Turn right onto Jane Lane . Follow Jane Lane and go left when you meet the fork in the road. End at All-Star Sports Training Facilities.

From Daytona Beach:

Head West on W. International Speedway Blvd./US-92 W. toward N. Segrave Street. Continue to follow US-92 W and stay straight to go onto W. International Speedway Blvd./CR-92 W. Turn left onto FL-15A S/N. Spring Garden Avenue. Turn right onto W. New York Ave/FL-44 and continue to follow FL-44 over the St. John's River bridge. Turn right onto

CR-42/County Road 42 and continue to follow CR-42. Turn right onto Jane Lane . Follow Jane Lane and go left when you meet the fork in the road. End at All-Star Sports Training Facilities.