



# RAY PRIORE FOOTBALL CAMP

**Thank you for registering for the Ray Priore Football Camp held on the campus of the University of Pennsylvania. Within this packet you will find helpful reminders, required forms, and information to help prepare you for camp.**

**Please submit the required forms, along with a copy of the front and back of the health insurance card on which the participant is covered via email to [jacobsil@upenn.edu](mailto:jacobsil@upenn.edu).**

**ON CAMPUS HOTELS: No Group Rates Available**

**The Study at University City**

20 S 33<sup>rd</sup> Street, Philadelphia, PA 19104 <http://www.thestudyatuniversitycity.com/>

Reservations: 215-398-1866

**Inn at Penn (Hilton)**

3600 Sansom Street, Philadelphia, PA 19104 <http://www.theinnatpenn.com/>

Reservations: 215-222-0200

**University City Sheraton**

3549 Chestnut Street, Philadelphia, PA 19104 <http://www.philadelphiasheraton.com/>

Reservations: 215-387-8000

For preferred hotel and restaurants in the campus area, please visit:

<http://www.pennathletics.com/page/preferred-hotels-and-restaurants>

**Clinic Itinerary (Subject to change):**

REGISTRATION 4-5pm FRANKLIN FIELD

(GPS ADDRESS: 235 S. 33RD ST, PHILADELPHIA, PA 19104)

Camp will run 5-7pm.

**Important Reminders:**

- 1) Parents and guests are welcome to observe camp from the stands.
- 2) Participants should wear T-Shirt, shorts and cleats. Helmets and other equipment are not necessary.
- 3) ALL Camp Participants must email a photocopy of the front AND back of participant's health insurance card to [jacobsil@upenn.edu](mailto:jacobsil@upenn.edu) along with the completed attached packet of required forms prior to their participation in camp.
- 4) Camp is rain or shine. In the case of inclement weather we will be advised by training staff as to extent of delay, if necessary.

If you should have any questions prior to your arrival, please email our camp director, Jake Silverman at [jacobsil@upenn.edu](mailto:jacobsil@upenn.edu)



# RAY PRIORE FOOTBALL CAMP

***DIRECTIONS TO THE UNIVERSITY OF PENNSYLVANIA  
FRANKLIN FIELD, 235 S. 33<sup>RD</sup> STREET, PHILADELPHIA, PA  
19104***

**From the Pennsylvania Turnpike and Points West:**

Take Exit 326 (Valley Forge) off the Turnpike. Follow I-76 East to Exit 346A (South Street). (Exit is on left side of the highway) Turn right onto South Street and make a left at the first traffic light onto Convention Avenue. Parking garage is on the right, you will see Franklin Field across the street. Follow signs for camp registration.

**From the New Jersey Turnpike and Points North:**

Take exit 4 off the Turnpike. Take I-295 to the Walt Whitman Bridge (toll). Take I-76 West to Exit 346A (South Street). Turn left onto South Street make a left at the first traffic light onto Convention Avenue. Parking garage is on the right, you will see Franklin Field across the street. Follow signs for camp registration.

**From the Philadelphia International Airport and Points South:**

Follow I-95 North to Pa. 291 East and follow signs to I-76 West. Follow I-76 West to Exit 346A (South Street LEFT EXIT). Turn right onto South Street and make a left at the first traffic light onto Convention Avenue. Parking garage is on the right, you will see Franklin Field across the street. Follow signs for camp registration.



# RAY PRIORE FOOTBALL CAMP

## CAMPUS PARKING MAP

Camp Registration will take place within the concourse of Franklin Field.

Entrance denoted by star on map below.





# RAY PRIORE FOOTBALL CAMP

## ***REFUND POLICIES:***

ALL RAY PRIORE FOOTBALL CAMPS WILL BE SUBJECT TO THE FOLLOWING REFUND POLICY. NO REFUNDS WILL BE PROVIDED AFTER RESPECTIVE DEADLINES FOR CAMPERS WHO BECOME INJURED, SICK, HAVE TRANSPORTATION ISSUES, ETC. WE WILL MAKE EVERY EFFORT TO ACCOMMODATE CAMPERS WHO WISH TO TRANSFER CAMP SESSIONS IN THE EVENT OF UNFORESEEN CIRCUMSTANCES.

IN THE EVENT OF A TRANSFERRED CAMP SESSION, YOUR REFUND POLICY WILL APPLY TO YOUR ORIGINAL CAMP DATE.

## ***REFUND DEADLINES:***

JUNE 27 SPECIALIST CAMP: REFUND REQUESTS MADE PRIOR TO JUNE 15: REFUND WILL BE PROCESSED, MINUS \$30 PROCESSING FEE. (\$50 REFUNDED). NO REFUNDS CAN BE PROVIDED AFTER THIS DATE.

JULY 11 SPECIALIST CAMP: REFUND REQUESTS MADE PRIOR TO JUNE 29: REFUND WILL BE PROCESSED, MINUS \$30 PROCESSING FEE. (\$50 REFUNDED). NO REFUNDS CAN BE PROVIDED AFTER THIS DATE.

## ***TO TRANSFER YOUR CAMP SESSION:***

*SEND AN E-MAIL TO [JACOBSIL@UPENN.EDU](mailto:jacobsil@upenn.edu) WITH THE SUBJECT LINE "CAMP TRANSFER REQUEST" INCLUDING THE CAMPER NAME, ORIGINAL CAMP SESSION DATE AND REQUESTED NEW CAMP SESSION.*

***\* YOUR TRANSFER REQUEST WILL BE CONFIRMED VIA EMAIL AND YOU WILL RECEIVE A NEW CONFIRMATION EMAIL. \****



# RAY PRIORE FOOTBALL CAMP

## Trustees of the University of Pennsylvania Summer Programs WAIVER AND RELEASE

**RETURN FULL THREE PAGE PACKET AND FRONT AND BACK COPY OF  
HEALTH INSURANCE CARD TO JACOBSIL@UPENN.EDU**

In return for being permitted to participate in Ray Priore Football Camps, LLC During the summer months of 2020, at the University of Pennsylvania and understanding that there are certain risks in connection with such activity, and intending to be legally bound hereby, the undersigned, for himself/herself, assigns and legal representatives, hereby expressly agrees to:

Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents ("Penn") from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the Program;

Assume any and all risks arising from his/her participation in the voluntary activity named above, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.

Indemnify, defend and hold the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned.

Each of the undersigned expressly acknowledges that he/she has read and understands this Agreement and Release and signs it freely and voluntarily.

Name of Participant (please print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Name of Parent/Legal Guardian (please print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# RAY PRIORE FOOTBALL CAMP

## RAY PRIORE FOOTBALL CAMPS PARENT PERMISSION FORM FOR MINOR PARTICIPANTS

My son/daughter, \_\_\_\_\_, is participating in the Ray Priore Football Camps, LLC summer program at the University of Pennsylvania on: \_\_\_\_\_ (Camp Date(s)).

I have carefully read, understand and have signed the Summer Program Participant Agreement. I also have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person may have for any losses, damages or injuries arising out of or in connection with my child's participation in the summer program. It is agreed that my child's participation is adequate consideration.

I understand that photographs, video recordings or audio recordings may be taken of me during my participation in this Summer Program by employees, students, or agents of the Trustees of the University of Pennsylvania and shall be used in connection with the University of Pennsylvania's dissemination of information by its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, for purposes of publicizing University of Pennsylvania programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my likeness appears. "I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities which may include but is not limited to providing transportation for activities that require such.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent (or Legal Guardian) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* A minor is any participant under 18 years of age.



# RAY PRIORE FOOTBALL CAMP

## RAY PRIORE FOOTBALL CAMPS AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I hereby authorize representatives of the Ray Priore Football Camps, LLC program at the University of Pennsylvania to consent to emergency and urgent medical treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as Participant is participating in the program. Exceptions: (If none, write 'none'): \_\_\_\_\_

Participant is allergic to the following medications:

\_\_\_\_\_

Other medical conditions that you wish for those providing treatment to be aware of:

\_\_\_\_\_

Name of Participant: \_\_\_\_\_

Participant's Physician Name: \_\_\_\_\_

Participant's Physician Phone Number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

## INSURANCE INFORMATION

Is participant covered by a health insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Participant's health insurance company: \_\_\_\_\_

Policy or plan number(s): \_\_\_\_\_

(\*Please provide ALL numbers and/or codes to identify your plan or policy and attach photocopy of your membership card of policy document to this form.)

Name of subscriber to policy or plan: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_