



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.

ON CAMPUS HOTELS: No Group Rates Available

The Study at University City

20 S 33rd 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 8:30AM – 9:30AM AT FRANKLIN FIELD (GPS ADDRESS: 235 S. 33RD ST, PHILADELPHIA, PA 19104)

9:45 AM Speed Clinic

11:20 AM Agility Circuit

12:30 PM Lunch

1:30 PM Afternoon Practice Session

3:30 PM Closing Remarks, Camp Dismissed

Important Reminders:

- 1) Parents and guests are welcome to observe camp from the stands.
- 2) Please remember this is a HELMET ONLY Camp. Participants should wear T-Shirt and shorts and bring both cleats and sneakers (Fields are Artificial Turf).
- 3) ALL Camp Participants must email a photocopy of the front AND back of participant's health insurance card to jacobsil@upenn.edu along with the completed required forms included in this packet 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



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DIRECTIONS TO THE UNIVERSITY OF PENNSYLVANIA FRANKLIN FIELD

235 S. 33RD 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.



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CAMPUS PARKING MAP

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

Entrance denoted by star on map below.





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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 20/JUNE 21: REFUND REQUESTS MADE PRIOR TO JUNE 8: REFUND WILL BE PROCESSED, MINUS \$55 PROCESSING FEE. (\$100 REFUNDED). NO REFUNDS CAN BE PROVIDED AFTER THIS DATE.

JUNE 26/JUNE 27/JUNE 28: REFUND REQUESTS MADE PRIOR TO JUNE 15: REFUND WILL BE PROCESSED, MINUS \$55 PROCESSING FEE. (\$100 REFUNDED). NO REFUNDS CAN BE PROVIDED AFTER THIS DATE.

JULY 7: REFUND REQUESTS MADE PRIOR TO JUNE 23: REFUND WILL BE PROCESSED, MINUS \$55 PROCESSING FEE. (\$100 REFUNDED). NO REFUNDS CAN BE PROVIDED AFTER THIS DATE.

JULY 10/JULY 11/JULY 12: REFUND REQUESTS MADE PRIOR TO JUNE 29: REFUND WILL BE PROCESSED, MINUS \$55 PROCESSING FEE. (\$100 REFUNDED). NO REFUNDS CAN BE PROVIDED AFTER THIS DATE.

PLEASE NOTE: ANY PARENT LUNCHES PURCHASED WITH REGISTRATION ARE NOT REFUNDABLE, BUT CAN BE TRANSFERRED WITH A CAMP REGISTRATION.

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.



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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: _____