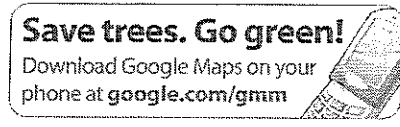




Directions to 310 Old Clairton Rd, Jefferson Hills, PA 15025
22.9 mi – about 36 mins



Interstate 279, Franklin Park, PA 15143

- | | | |
|--|--|-----------------------------|
| | 1. Head southeast on I-279 S
About 13 mins | go 10.9 mi
total 10.9 mi |
| | 2. Take exit 2A to merge onto I-579 S toward Veterans Bridge
About 1 min | go 1.5 mi
total 12.4 mi |
| | 3. Take the exit toward I-579 S/Liberty Bridge | go 0.2 mi
total 12.6 mi |
| | 4. Merge onto Crosstown Blvd | go 0.2 mi
total 12.9 mi |
| | 5. Continue onto Liberty Bridge | go 0.3 mi
total 13.2 mi |
| | 6. Continue onto Liberty Tunnel
About 2 mins | go 1.2 mi
total 14.4 mi |
| | 7. Continue onto W Liberty Ave
About 1 min | go 197 ft
total 14.4 mi |
| | 8. Slight right to merge onto PA-51 S/Saw Mill Run Blvd toward Uniontown
Continue to follow PA-51 S
About 12 mins | go 6.3 mi
total 20.7 mi |
| | 9. Turn right at Old Clairton Rd
Destination will be on the right
About 5 mins | go 2.3 mi
total 22.9 mi |

310 Old Clairton Rd, Jefferson Hills, PA 15025

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2010 Google

Directions weren't right? Please

Econo Lodge
1303 Route 51
Jefferson Hills, PA 15025
Phone: 412-384-5811
1.5 miles

and click "Report a problem" at the bottom left.

Hampton Inn
1550 Lebanon Church Rd
West Mifflin, PA 15236
Phone: 412-650-1000
1.7 miles

Comfort Inn
1340 Lebanon Church Rd
West Mifflin, PA 15122
Phone: 412-653-6600
3.3 miles

Football Camp for the Stars

June 24-25, 2010

Registration Form - Part 1 of 3

Athlete Name: _____

Date of Birth: _____ Age: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

We authorize Camp for the Stars to use photographs or video of the athletes in newspapers, books or any other form of promotional material including, but not limited to, the internet.

Signature

Date

To register please return all three forms and a check for \$50

Payable to DSAP



Address:
Down Syndrome Center
Children's Hospital of Pittsburgh
UPMC
Oakland Medical Building
4401 Penn Avenue
Pittsburgh, PA 15224

Emergency Medical Form – Part 2 of 3

Athlete Name: _____

Parent/Guardian Name _____ Phone _____

Is he/she allergic to any medication? ___ If yes, please specify: _____

Is he/she allergic to bee stings? _____ If yes, what action should be taken? _____

Is your child presently taking any medication? _____ If yes, please explain: _____

Chronic, Recurring and Special Health Conditions

(check all that apply and explain below*)

- | | |
|--|--|
| <input type="checkbox"/> Arthritis (rheumatoid) | <input type="checkbox"/> Enuresis (involuntary discharge of urine) |
| <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder | <input type="checkbox"/> Head or Spinal injury |
| <input type="checkbox"/> Behavioral or Development Problems | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Sickle Cell Disease (not trait) |
| <input type="checkbox"/> Check if athlete has been cleared by a doctor | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> indicating spinal stability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Encopresis (involuntary discharge of stool) | <input type="checkbox"/> Other: _____ |

*Explanation:

Please indicate any medical conditions, physical limitations and medications being taken below:

Primary Care Physician _____ Phone _____

Specialist _____ Phone _____

Dentist _____ Phone _____

Orthodontist _____ Phone _____

Persons to whom my athlete may be released in the event of illness or emergency:

Name	Home Phone/Cell Phone/Work Phone	Relationship
------	----------------------------------	--------------

Insurance coverage:

Policy # _____ Student ID # _____

Hospital Preference _____

Has the athlete been examined by a doctor for spinal stability? No _____ Yes _____ If yes:
Name of Doctor _____ Date examined _____

Parent/Guardian Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (“AGREEMENT”)

Part 3 of 3

In consideration of participation in the Football Camp for the Stars (hereinafter referred to as “Camp”), the undersigned (hereinafter “Releasor”) agrees as follows:

1. I am the parent and/or legal guardian or conservator of _____ (print name of person applying to participate in Camp hereinafter referred to as “Participant”). I have the legal authority to enter into this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement (hereinafter the “Agreement”), which constitutes a legally binding agreement, on behalf of Participant. I understand and agree that my signature on this Agreement will waive certain rights for both myself and Participant.
2. I understand the nature of the Camp’s activities and events (hereinafter referred to as “Activities”) and I hereby represent that Participant is qualified, in good health, and in proper physical condition to participate in such Activities and I give my permission and consent for Participant to take part fully in all Camp Activities. I further represent that I have received clearance from Participant’s medical doctor that Participant is medically allowed to participate in the Activities and that there are no medical limitations on Participant’s ability to participate in the Activities. I acknowledge that if I, and/or Participant and/or any physician treating Participant believe the Activities are unsafe for Participant, I will immediately discontinue Participant’s participation in the Activities.
3. I fully understand that the Camp Activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by Participant’s conduct, by the conduct of others participating in the

Activities, by the conditions in which the Activities takes place, or by the conduct of the “Releasees” identified below. I also fully understand and acknowledge that there may be other risks arising from or associated with the Activities either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and all responsibility for losses, costs, and damages that I and/or Participant may incur as a result of Participant’s participation in the Camp and its Activities.

4. In consideration for Releasees provision of the opportunity to participate in the Camp, I, for myself and on behalf of Participant, hereby forever release, discharge, and covenant not to sue Football Camp for the Stars, Thomas Jefferson High School, their agents, officers, directors, employees, volunteers, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Camp Activities takes place, (collectively and individually referred to hereinafter as “Releasees”) from all liability, claims, demands, losses, or damages on my account or on account of Participant caused or alleged to be caused in whole or in part by the conduct of the Releasees or in any way arising from or related to Participant’s participation in the Camp and the Activities or otherwise, including, but not limited to, rescue operations.

5. I further agree that if, despite this Agreement I, or anyone on my and/or Participant’s behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. Releasor shall indemnify, defend and save Releasees harmless from and against all fines and penalties, claims, losses, costs, damages, suits and expenses including attorney’s fees, court costs and expert fees resulting from, caused or contributed by or in any way relating to or arising out of Participant’s participation in the Camp or the Activities.

6. Releasor hereby knowingly and voluntarily waives any and all rights and benefits otherwise conferred by the provisions of the Civil Code.

7. The above-described release, discharge and covenant not to sue is made on my own behalf and on Participant’s behalf and on behalf of my and Participant’s heirs, executors, administrators, legal representatives and assigns (hereinafter “Releasors”) and I recognize that my signature on this Agreement binds all Releasors as well as myself.

8. This Agreement has been entered into in Allegheny County, Pennsylvania, and shall be construed and enforced in accordance with the laws of the State of Pennsylvania as applied to contracts made and to be performed entirely within Pennsylvania.

9. Any disputes arising out of, or in any way related to, this Agreement shall be resolved in the Allegheny County Superior Court for the State of Pennsylvania, in Pittsburgh, Pennsylvania.

10. I acknowledge that I have had the opportunity to review this Agreement with any advisor(s) of my choosing, including legal counsel, before signing it.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and fully understand it. I acknowledge that I am giving up substantial rights – my own and/or those of Participant– by signing this Agreement and have signed it freely, voluntarily and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and that I have had an opportunity to consult with an attorney regarding the terms and advisability of signing this Agreement. I also agree that if any portion of this Agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of Participant

Signature of Participant _____ Date

Printed name of Parent/Legal Guardian or Conservator

Signature of Parent/Legal Guardian or Conservator _____ Date
