

ALL POLY SPORTS

May 5, 2007

APS Participant,

Congratulations on being accepted to one of the most elite football camps available to High School football players. You are to report to Bountiful High School on Thursday, June 14th no later than 08:00 am Mountain Standard Time -come ready to perform. Following the Nike Sparq Combine Thursday morning, you will need to check in for the camp. To insure that you have a smooth check-in, please make sure you have the following in your hands when you arrive for registration:

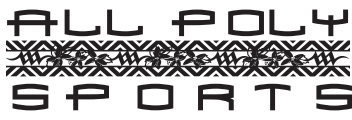
CHECK LIST	
<input type="checkbox"/>	Receipt: showing proof of payment <small>*(invoices will not work as proof of payment)</small>
<input type="checkbox"/>	Signed Permission / Release Form
<input type="checkbox"/>	Copy of current Health Insurance Card
<input type="checkbox"/>	Football Helmet <small>*(camp stickers must be applied at check in)</small>

Please instruct friends or family members who wish to attend to abide by camp rules. Viewers will be restricted to marked areas only. APS Security reserves the right to refuse entrance to those displaying inappropriate behavior at any time. This is a great opportunity for you, and we look forward to having you attend our camp.

Sincerely,



Alema U. Te'o
Camp Director and Coach
841 WEST 2100 SOUTH
WOODS CROSS, UT 84087
PHONE: (801) 298-5278



PERMISSION / RELEASE FORM

My son (or camper) has permission to attend All Poly Sports Football Camp, (APS CAMP). I have no knowledge of any physical impairment that would affect or be affected by my son's participation in the APS CAMP program.

All Poly Sports provides the service of health counselors (Emergency Medical Technicians and/or Nurses) at every Sports Camp session. These health care professionals are available to assess the level of medical attention needed for your child. If your child needs to be seen for medical attention (i.e. ER or health clinic), All Poly Sports will attempt to contact you as soon as possible. We highly recommend that you send with your child all prescription and over-the-counter medications that they take on a regular basis or on an as needed basis (i.e. an inhaler for exercise induced asthma for use when needed, migraine medication, etc.) All Poly Sports will not store or administer any drugs or medication for campers. If prescription medication is brought, please send to All Poly Sports a note explaining the reason for the medication. I have been advised of and/or recognize the risk inherent with my child's participation in this program.

I assume full responsibility for all injuries that may arise from his/her physical or emotional limitations. I unconditionally release All Poly Sports and its employees from any and all liability or claims that may result from his/her participation in this program, unless the injury or damage is primarily the direct result of the negligence of All Poly Sports or any of its employees and not caused in part by my child's negligence. This child has no health, emotional, or injury related conditions (recent or chronic) which will be aggravated by or which will exclude his/her active participation in the above program. This child has seen a physician in the last year. In case of injury or illness, I give permission for the above child to be transported to and receive medical treatment at a local medical facility, and I guarantee the payment of all expenses incurred for such transportation and treatment.

I authorize All Poly Sports to use any photographs or articles about my son for publicity purposes. I understand that violation of camp rules may result in dismissal from camp with all payments made forfeited. Because space is limited, late cancellations deprive other players the opportunity to attend APS Camp.

If a cancellation is necessary, you must cancel 30 days prior to the beginning of the camp for which your camper is registered. There will be no refund for cancellations that are not 30 days in advance, only credit towards payment to another camper. Parents, Guardians and APS CAMP agree to be bound by the terms of the above release of liability.

By signing below I make this release binding on the camper, the parents of the camper or other responsible legal guardian of the camper. My signature shall serve as my legal signature for the limited purpose of this release.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____