

Houston Nutt FOOTBALL CAMP COACHING STAFF

Houston Nutt

Head Football Coach

Kent Austin

Offensive Coordinator / QB's

Michael Beaumont

Assistant AD for Football Operations

Kim Dameron

Safeties

Don Decker

Head Strength & Conditioning

Ron Dickerson Jr.

Wide Receivers

Clifton Ealy

Assistant AD for Community Relations

Mike Markuson

Running Game Coordinator / OL

Derrick Nix

Running Backs

Ty Nix

Defensive Coordinator / LB's

Danny Nutt

Assistant AD for Player Development

Tracy Rucker

Defensive Line

Joel Rodriguez

Graduate Assistant

James Shibest

Special Teams Coordinator / TE's

Chris Vaughn

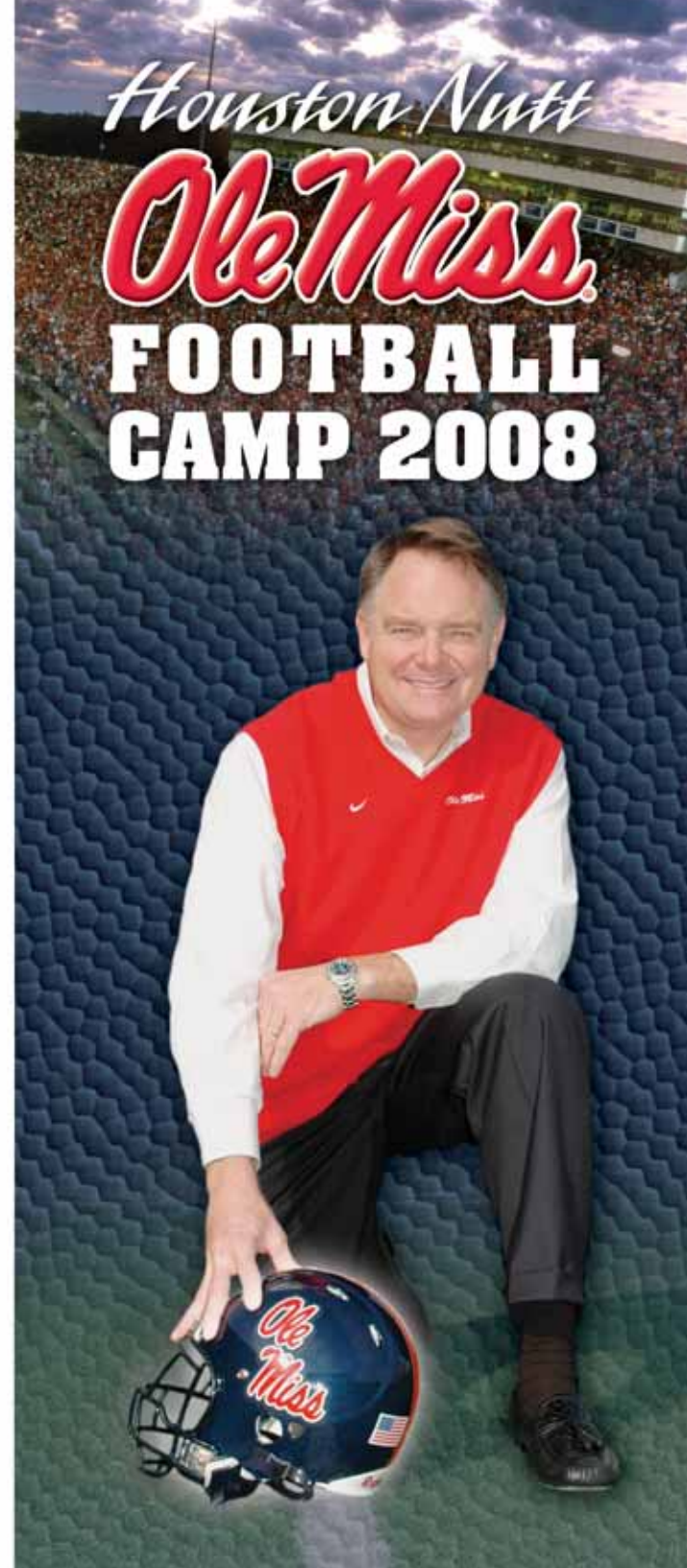
Recruiting Coordinator / Corners

Brad Villavaso

Graduate Assistant



Ole Miss
Department of Intercollegiate Athletics
FOOTBALL
Indoor Practice Facility
1810 Manning Way
P.O. Box 1848
University, MS 38677-1848



Houston Nutt **Ole Miss** FOOTBALL CAMP 2008

I. REGISTRATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN. TYPE OR PRINT IN INK ONLY. FILL IN ALL SECTIONS. This form may be copied for additional applications. Your payment, in full, must accompany this registration form.

IMPORTANT: We encourage pre-registration to secure your spot. Please do not send money separate from registration unless paying on the day of camp.

2008 OLE MISS FOOTBALL CAMPS

- Camp I** (Grades 9-12) — June 8-11, 2008
\$275.00 Overnight / \$225.00 (Day Camp)
- 7on7 Team Passing Camp** – (Grades 9-12) — June 12, 2008
\$35.00 (Day Camp)
- Camp II** (Grades 5-8) — June 13-14, 2008
\$150.00 Overnight / \$125.00 (Day Camp)
- SENIOR CAMP** (For 2009 Seniors) – July 26, 2008
\$35.00 (Day Camp)

Last Name	First Name	M.I.
High School Name		
Social Security Number		
____/____/____	Age	
POSITION: _____ POSITION YOU PREFER: _____		
HEIGHT: _____ WT: _____ T-SHIRT SIZE _____		
Home Address (No. & Street or Box Number)		
City	ST	ZIP
Home Phone		
Cell Phone		
Parent's E-Mail (optional)		
Mother's / Guardian's Name (First and Last – PLEASE PRINT)		
Daytime Phone	Home Phone	
Father's / Guardian's Name (First and Last – PLEASE PRINT)		
Daytime Phone	Home Phone	

APPLICANT'S GRADE NEXT FALL 2008: 8 9 10 11 12
(High School Graduates ARE NOT Permitted to Enroll)

Roommate Preference (One name only; the roommate must also complete and mail in a registration form)

PLEASE CHECK ONE OF THE FOLLOWING BOXES

- Enclosed is a check or money order, payable to Ole Miss, to cover the full registration fee. (Sorry no credit cards unless registering on-line)
- I registered on-line at www.olemisssports.com My conf. # _____
- Registration complete, but will pay on the day of camp.

- * PRE-REGISTRATION IS ENCOURAGED TO SECURE A SPOT
- * FULL PAYMENT AT FINAL REGISTRATION WILL BE ACCEPTED.
- * CHECK & MONEY ORDERS WILL BE ACCEPTED. **DO NOT SEND CASH!**
- * NO REFUNDS WILL BE GIVEN PAST 30 DAYS OF CAMP END.
- * FOR MORE INFORMATION, CONTACT OUR OFFICE AT: (662) 915 – 7547.

The University of Mississippi is an EEO / AA/ TITLE IX / SECTION 504/ADA/ADEA employer. 10579

2. CAMPER INFORMATION

REGISTRATION DEADLINES & CAMP FEES

Since enrollment is limited, early registration is advisable. In order to guarantee roommates, it is best to mail your enrollment forms together. Once your roommate is selected there will be no changes except for cancellation. Your enrollment fee of \$250.00 must accompany the application. Xerox copies of application form will be sufficient. Make money order payable to Ole Miss Football Camp. **DEADLINE IS FOUR DAYS BEFORE CAMP STARTS. YOU MUST PRE-REGISTER FOR ALL CAMPS! Application and payment guarantees your spot and roommate selection in camp.**

ELIGIBILITY AND PHYSICAL

Any student grades 5-12 are eligible if he has not begun his senior year in high school. Each applicant must have a physical examination by a physician. An examination form is included on the camp application. Absolutely no physicals will be given at camp. You can use your physical from this past high school season. Submit a copy of the physical, as originals will not be returned. **COPIES OF PHYSICALS CAN BE BROUGHT WITH YOU TO REGISTRATION.**

INSURANCE

All campers will be covered by an **EXCESS** group accident insurance policy provided by the camp at no additional cost and will be used only after their own insurance is used. Any additional medical expenses will be the responsibility of the camper. Expenses related to injury or illness of any kind will be the responsibility of the camper. Professional athletic trainers are on duty at all times.

HOUSING & MEALS

All campers will be housed in a dorm on campus and will eat at the Johnson Commons Cafeteria. Campers will also be assigned roommates according to age. Once your roommate is selected there will be no changes except for cancellations. There will be 2 campers to a room. There will be a \$100 lost key charge. All campers will have breakfast, lunch and dinner. All meals are included in the tuition. **Campers are responsible for any damage to their room. Violation of dorm rules will result in expulsion from dorm and camp with no refunds.**

ARRIVAL & DEPARTURE TIMES

CAMP	REGISTRATION	DEPARTURE	LOCATION
CAMP I	1-4 p.m. June 8th	12:00 p.m. June 11th	IPF
CAMP II	9-11 a.m. p.m. June 13th	12:00 p.m. June 14th	IPF
7 ON 7	7:30-9:00 a.m. June 12th	TO BE DETERMINED	IPF
SR CAMP	7:30-9:30 a.m. July 26th	TO BE DETERMINED	IPF

WHAT TO BRING

Helmets & shoulder pads for Senior High Camp. T-Shirts, playing shorts, football cleats, basketball shoes, athletic socks, laundry bag, towels, wash clothes, toilet articles and bedding to last three nights (twin size bed). **The University can not loan out helmets or pads.**

ADDITIONAL EXPENSES

Campers can purchase a large pizza at \$10.00 for a late night snack. Gatorade is \$1.00 and water is \$.50 a bottle. At registration and check-out, there will be a booth to purchase t-shirts, caps, shorts, jerseys, etc. Also, CAMP II may purchase a picture of himself with Coach Nutt for \$10.00

RELEASE

I / we, the undersigned, individually and as parent(s) and / or guardian(s) of:

A minor, ask that he / she be admitted to participate in this sport camp sponsored by The University of Mississippi. In consideration of such admission, I / we do hereby agree to release, discharge, and hold harmless The University of Mississippi, it's officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

BOTH SIGNATURES REQUESTED:

Parent or Legal Guardian's Signature

TO APPLY FOR CAMP, COMPLETE ALL THREE PARTS & MAIL TO:
The University of Mississippi Football Office — ATTENTION: FOOTBALL CAMP
1810 Manning Way – I.P.F., University, MS 38677
PHONE: 662-915-7547 / FAX: 662-915-1808

3. MEDICAL RELEASE and HEALTH INFORMATION

2008 OLE MISS FOOTBALL CAMPS

Last Name	First Name	M.I.
Social Security Number	AGE	D. O. B.
Parent/Guardian's Name: _____		
Home Phone (Include Area Code)	Work Phone	Cell Phone
Emergency Contact's Name		Phone Number

I give permission for The University of Mississippi medical personnel to administer first aid and/or to provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness. In doing so, I accept the camp discount mentioned for registration.

Parent or Guardian's Signature

Date

INDEMNITY WAIVER

I hereby request that you accept this registrant for the Ole Miss Sports Camp during the dates set forth in this application. I hereby release The University of Mississippi and all of its employees from any claims on account of injuries that may be sustained by the participant while attending this Ole Miss Sports Camp. In doing so, I acknowledge that I do not have to sign this release and indemnity in order for my child to participate in the camp, but I have done so of my own free will in order to receive the discounted price.

Parent or Guardian Signature

Date

MEDICAL RELEASE / SCREENING - (MUST BE COMPLETELY FILLED OUT BY PHYSICIAN)
 I have examined the camper named on this form and found the camper to be free from injuries or conditions that would limit his participation in athletics. I recommend that this person be accepted for this Ole Miss Sports Camp.

Physician's Name			
Physician's Street Address	City,	ST	Zip
Allergies	Current Medications		
Previous Injuries			
Other Important Health Information			
Physician's Signature			Date

THIS INFORMATION IS CONFIDENTIAL AND WILL BE RETAINED AS A PART OF EACH CAMPER'S RECORDS. A COPY OF A SPORTS PHYSICAL WITHIN ONE YEAR OF THE DATE OF CAMP BEING ATTENDED MAY BE SUBSTITUTED FOR A PHYSICIAN'S SIGNATURE

INSURANCE: Each camper will be covered under a secondary insurance policy with limited benefits that is provided by The University of Mississippi. If a camper is injured, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide the proper information regarding the injury to the secondary insurance provider. If this camper is covered by a current health insurance, please provide the following information:

Insurance Company
Group Number or Policy Number
Policy Holder's Name

WE MUST HAVE A COPY OF YOUR 2007 HIGH SCHOOL PHYSICAL OR DOCTOR'S SIGNATURE ON THIS FORM IN ORDER FOR YOUR APPLICATION TO BE ACCEPTED.