



# LAUREN'S FIRST AND GOAL FOOTBALL CAMP OHIO

**Sunday, June 27, 2010**

**9 a.m. to 3 p.m. Check-in will be 7:30 a.m. to 9 a.m.**

**Otterbein College Athletic Campus**

**Westerville, Ohio**

**CAMP OVERVIEW:** Lauren's First and Goal Football Camp is a one-day non-contact camp for any student who will be entering 9th through 12th grades in Sept. of 2010. Players will be divided into small groups by position and age for offensive and defensive skill instruction. Student-athletes should wear sneakers to the facility to be used on the turf, and bring football shoes for the grass.

During Lauren's First and Goal Football Camp, participants will have the unique opportunity to make contact with Division I, II & III college coaches who are volunteering their time and expertise to work the camp. The camp will also feature a guest speaker. Last year, more than 275 college coaches volunteered at the LFG camp. The camper to coach ratio will be approximately 8 to 1.

**COST:** The registration fee for Lauren's First and Goal Football Camp is \$30. **Any amount given over the initial \$30 is greatly appreciated and 100% tax deductible.**

**REGISTRATION:** Participants should pre-register by June 12, 2010. **The first 400 pre-registered players** will receive a free camp t-shirt.

**WHAT TO BRING:** Campers must bring a bag lunch. Drinks will be provided. Student-athletes should wear sneakers to the facility to be used in the field house, and bring football shoes for the grass. The camp will be held rain or shine, so please dress accordingly.

**ALL PROCEEDS BENEFIT LAUREN'S FIRST AND GOAL FOUNDATION:** Each year over 3,000 children in the U.S. are diagnosed with brain tumors. Brain tumors have surpassed Leukemia as the number one cancer causing death among children. Lauren's First and Goal is a 501c3 charitable organization created to raise funds to support pediatric brain tumor research, support local pediatric cancer services, provide financial assistance to families living with a pediatric cancer diagnosis and to raise public awareness regarding pediatric brain tumors. The camp is named in honor of 12-year-old brain tumor survivor, Lauren Loose. Lauren was diagnosed with multiple brain tumors at age two.

**FACILITIES & DIRECTIONS:** The camp will be held at Otterbein College Athletic Campus (180 Center St., Westerville, OH 43081). Otterbein College is located in Westerville, a suburb just north of Columbus and is easily accessed from both Interstate 71 and Interstate 270.

The facilities of Otterbein are grass fields and an indoor field house complete with Mondo flooring. Student-athletes should wear sneakers to the facility to be used in the event the camp was to move inside, and bring football shoes for the grass. The Otterbein training staff has volunteered to provide full training facilities and supervision. For MapQuest or GPS purposes use the following address: 180 Center St., Westerville, OH 43081. Parking for this event can be found in the lots surrounding the Memorial Football Stadium located right on Center St.

**MORE INFORMATION:** Visit our web site at [www.laurensfirstandgoal.org](http://www.laurensfirstandgoal.org), or contact us at [firstandgoal@rcn.com](mailto:firstandgoal@rcn.com) or 610-250-6981 or 610-698-0102.

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(One-Day) Sunday, June 27, 2010 9 a.m. to 3 p.m. Check-in 7:30 a.m. to 9 a.m.

Otterbein College Athletic Campus, 180 Center St. Westerville, OH 43081

For players entering grades 9 through 12 in Sept. 2010, Volunteer Coaches from Division I, II and III

**Bring bag lunch**, drinks provided - Please do not bring valuables

**All proceeds benefit Pediatric Brain Tumor Research & Cancer Services**

Application available at [www.goleopards.com](http://www.goleopards.com) and at [www.laurensfirstandgoal.org](http://www.laurensfirstandgoal.org).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail (for confirmation) \_\_\_\_\_

Grade in Sept. 2010 \_\_\_\_\_ Age \_\_\_\_\_

Name of School \_\_\_\_\_ City of School \_\_\_\_\_

Coach \_\_\_\_\_

**(First 400 Pre-registered players receive Free Camp T-Shirt)**

Offensive Position (check one)

Quarterback  Running Back  Wide Receiver  Tight End  Offensive Line

Defensive Position (check one)

Defensive Line  Linebacker  Defensive Back  Kicker/Punter

Will you graduate in 2011? \_\_\_\_\_ How did you hear about the camp? \_\_\_\_\_

Did you attend last year? \_\_\_\_\_

## Registration Fee \$30

\*Additional Donation \$\_\_\_\_\_ Total Donation \$\_\_\_\_\_

\*Any amount over the \$30 registration fee is greatly encouraged and 100% tax deductible. All proceeds will go to Lauren's First and Goal Foundation, a 501c3 charitable non-profit foundation. Please make check payable to **Lauren's First and Goal Foundation** and mail check and registration form to:

Lauren's First and Goal, 689 Gates Street, Easton, Pa. 18040

## Photo/Video Release Statement

I hereby give Lauren's First and Goal Foundation, without compensation or consideration, permission to use photos, video and/or audio tape that may be taken or recorded while attending Lauren's First and Goal Football Camp for promotional, education or fundraising activities. I waive any right that I may have to inspect or approve of the finished product or the use to which it may be applied.

## Liability Waiver

I hereby certify that I am in appropriate physical condition to participate in Lauren's First and Goal Football Camp. If medical attention is required for illness or injury while at camp, I give my permission for such care and I certify that I am covered by our family medical insurance program. Otterbein College, Lauren's First and Goal Foundation and Lauren's First and Goal Football Camp are not responsible for and will not provide payment for any medical, dental, hospital or laboratory fees due to injury incurred while attending Lauren's First and Goal Football Camp.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Allergies/Asthma/Medical Needs

\_\_\_\_\_  
Name of Medical Insurance Co.

\_\_\_\_\_  
Emergency Telephone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy #

(Please Attach Check Here)

Please make a copy for your records and keep the cancelled check as your receipt.