



BOB STOOPS FOOTBALL CAMP

2017

AIRPORT SHUTTLE REQUEST

For pick up / drop off at Will Rogers World Airport in Oklahoma City, OK

Camper's Name: _____

Camp:
(Circle One)

HIGH SCHOOL MID-HIGH

SPECIALIST

Camper's Cell #: _____ (If the camper will be carrying a cell phone while traveling, please provide the number.)

ARRIVAL INFORMATION

(If the camper is making a connection, only include the segment from the connecting city to Oklahoma City.)

Airline: _____ Flight #: _____ Departing From: _____

AM

Arriving in OKC at: _____ PM (circle one) Arrival Date: _____

DEPARTURE INFORMATION

(If the camper is making a connection, only include the segment from the Oklahoma City to the connecting city.)

Airline: _____ Flight #: _____ Destination City: _____

AM

Departing OKC at: _____ PM (circle one) Departure Date: _____

RELEASE AND MEDICAL AUTHORIZATION

I, the undersigned parent/legal guardian of the camper as named above, authorize said child to be transported by an employee of the Bob Stoops Football Camp from the Will Rogers World Airport in Oklahoma City, Oklahoma to the Bob Stoops Football Camp in Norman, Oklahoma, and from the Bob Stoops Football Camp to the Will Rogers World Airport. In consideration of said child's transportation, I hereby release, waive, discharge and covenant not to sue the Bob Stoops Football Camp, the University of Oklahoma, its Athletic Department, the State of Oklahoma, or any of the officers, servants, agents, or employees of these organizations from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child whether caused by negligence of the releasees, or otherwise while being transported. Further, I give my permission for any emergency medical treatment that may be required. I also give my permission to use, if necessary, the insurance information as provided by me on my child's Bob Stoops Football Camp Medical Waiver.

Parent / Guardian Signature

Date

Print Parent / Guardian Name

Parent/Guardian Emergency Contact #

Please attach a copy of the camper's complete flight itinerary return no later than **May 26**.

Requests may be submitted by:

MAIL: PO Box 2220, Norman, OK, 73070

FAX: (405) 325-8455

EMAIL: bobstoopsfootballcamp@gmail.com