

# CAMP INFORMATION

Location: *Nicholls State University,  
Thibodaux, Louisiana*

Date: *June 14 - June 17, 2025* **Cost \$475**

- OFF     DEF     4 OFF - 4 DEF.  
 Helmet Rental (\$10)

Shirt Size (Check One):     L     XL     2X  
   3X     4X



## APPLICATION

Please type or print clearly.

Name (Last, First) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Your Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_

Any restrictions on participation? \_\_\_\_\_

\_\_\_\_\_

Roommate preference? \_\_\_\_\_

**Make checks payable to  
Louisiana Line Camp and  
Mail to Louisiana Line Camp  
1242 Hwy. 20  
Thibodaux, LA 70301**

*Balance may be accepted with a valid  
credit card on June 14, 2025*

*Camp recommended to me by*

*My son has permission to attend Louisiana Line Camp. Enclosed is a \$100 non-refundable reservation fee. This will apply to the tuition, the balance of \$375 will be paid at registration.*

*I have no knowledge of any physical impairment that would affect or be affected by my son's participation in the Louisiana's Line Camp program.*

*In the event of any emergency in which my son requires medical care I authorize the staff of the Louisiana Line Camp to act for me and obtain for him whatever medical treatment the staff in its best judgement deems necessary and appropriate. I specifically consent to such treatment including, but not limited to, hospitalization and surgery and will be responsible for any medical or other charges in connection with his attendance at camp, not covered by camp insurances.*

*I acknowledge that at Louisiana Line Camp my son will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground; that at Louisiana Line Camp he may incur a risk of injury. I specifically waive and give up, and release the Louisiana Line Camp, it's owners and staff from liability for any claim for damages which I or my son may have for injuiries or illnesses that he may sustain at Louisiana Line Camp.*

*I authorize the Louisiana Line Camp 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 tuition forfeited.*

**This information must be completed for eligibility**  
**Parent's name, signature, date signed,**  
**insurance company, and policy number**  
**MUST be submitted.**

**Parent's Signature** \_\_\_\_\_  
*(no player will be accepted without approval)*

**Please Print Name Here** \_\_\_\_\_

**Date** \_\_\_\_\_

**He is covered by** \_\_\_\_\_  
*(insurance company)*

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