

Football Camp Registration

Venue:

Date:

Time:

Camper Information

Name:

Address:

Phone Number:

Email Address:

Date of Birth:

Age:

Height:

Weight:

☐

Middle School

☐

High School

☒

College

Offensive Position:

Defensive Position:

Parent or Guardian Information

Parent or Guardian:

Phone Number:

Medical and Insurance Information

Allergies:

Current Medications:

Previous Injuries:

Health Insurance Provider:

Health Insurance Policy Number:

Emergency Information

Emergency Contact:

Phone Number:

Relationship:

Payment Information

Payment:

Acknowledgment, Liability Waiver & Consent

I, the undersigned parent/guardian of the above camper, understand that participation in football activities involves risks, including but not limited to physical injury, illness, or property damage and do hereby grant the authority to the staff of _____ to apply judgment in regards to medical assistance in the event of an accident, injury, or illness if they are unable to contact the parent or guardian. I authorize first aid, a medical or surgical diagnosis and treatment which may deem necessary.

I declare and undertake that the camper has passed the necessary health checks and that there is no known health problem that prevents him/her from playing football as of the registration date.

I, the undersigned, release _____ and any of its coaches, staff, manager, and/or any parent for any responsibility in case of accident, illness, or injury during my child's enrollment.

I grant _____ the right to photograph and/or video record of my child while football related activities during the Camp. I understand that these visual materials may be used for promotional, educational, or other purposes by the Camp, including but not limited to print, online, and social media platforms.

Parent/Guardian's Name:

Date:

I confirm that the information given in this form is true, complete and accurate. I have read, understand and agree to all statements on this form.

For the Parent/Guardian

Name:

Date: