

PARENT CONSENT AND WAIVER OF RESPONSIBILITY

PLEASE RETURN BY MAIL OR BRING WITH YOU TO REGISTRATION

CAMP _____

NAME _____

DATES _____

In consideration of the **Fundamental Football Camp** acceptance of _____
as a camper in the football camp for the period in the dates mentioned above.

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the camper and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to be camper and his parents and/or legal guardian as indicated by their signature hereto. **Fundamental Football Camp** will be financially responsible for injuries/accidents only as secondary coverage after parent's/guardian's insurance has paid.

I hereby certify that above named camper is physically able to participate in the **Fundamental Football Camp** and that I know of no physical impairments which would in any manner limit his participation in such a program.

I hereby grant permission to the **Fundamental Football Camp** to contact emergency medical personnel and to consent to the administration of any necessary medical, surgical or dental service or procedure as may be necessary, including the transfer of camper to Children's Hospital or other suitable medical facilities.

Parent or Legal Guardian Signature

Date

MEDICAL INFORMATION

Hospitalization Plan: Claim No. _____ Company _____

City _____ State _____ Zip Code _____

Medical History (if pertinent):

Allergies, present medications, special considerations:

EMERGENCY MEDICAL INFORMATION

Name

Home Phone

Name

Work Phone