

Each team’s coach or designated representative will be responsible for:

1. REGISTERING ALL CAMPERS
2. SUBMITTING COMBINED CAMP FORMS
  - Registration
  - Copy of physical (provided by physician)
3. MAKING PAYMENT FOR CAMP FEES

- Note – All payments and forms will be submitted by the team’s coach in a single notebook
- No refunds will be made for campers dismissed from camp for disciplinary cause
- Refunds for any athletes injured and required to leave camp will be on a case by case basis
- Parents grant permission for their child’s photograph or video to appear in promotional material regarding future camps

### Camper Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

School \_\_\_\_\_

Cell Phone \_\_\_\_\_

Grade entering Fall 2021 \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_

### LIABILITY WAIVER 2021

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_ (camper), a minor, ask that he be admitted to participate in the Gridiron Champions Team Football Camp. I do hereby agree to release, discharge and hold harmless Steve Gervais, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor’s attendance at the sport camp or in the course of competition and /or activities held in connection with the sport camp I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. I give permission for this form and my child's medical physical to be released to a medical professional/facility should my child need treatment or care. Additionally, by signing this Liability Waiver, I acknowledge that I have read and reviewed the High School Concussion Form.

Signature of Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_