



Steve Gervais Academy - **Gridiron of Champions** – 2024 Team Camp Registration

Details:

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 _____ Cell Phone _____

School _____ Grade Entering Fall 2024 _____

Date of Birth _____ HT _____ WT _____ Primary Position _____

LIABILITY WAIVER 2024

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 Academy/PLU/PLU Football, 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 _____