

## Summer Camp Registration Form

Players Name	Last Name	First Name	Middle Name
Birth Date	Month / Day / Year		
Parent / Guardian	Last Name	First Name	
Phone Number	Cell	Home	
Emergency Contact	Last Name	First Name	
Phone Number	Cell	Home	

### Waiver / Disclaimer

I the parent/guardian of the above mention individual, acknowledge that participation in atheletic events involves risk of physical injuries. In consideration for accepting the registration of the above name individual and permitting the voluntary participation of said individual in the Summer Football Camp, I here release, discharge and hold harmless Priceville High School Coaching staff, its volunteers and all other representatives from any claims arising out of or relating to any injury that may result to said individual during the Summer Camp event, including injuries caused by the negligence of any official, referee, coach, volunteer, or representative while

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_