

2011 Trinity Valley
CARDINAL FOOTBALL YOUTH SKILLS CAMP

Camper's Name

School

Grade (Fall '11)

Height

Weight

T-Shirt Size (Circle One):

(adult) S

M

L

XL

2XL

3XL

(youth) S

M

L

Release by Parents or Guardian or Applicant

In consideration of the Cardinal Football Camp and granting the camper permission to participate, I hereby state that the Cardinal Football Camp is not responsible for any pre-existing injury or illness of the above camper. I further acknowledge and release the Trinity Valley Community College Board of Trustees, Trinity Valley Community College, the Trinity Valley Football Camp and their offices, employees, contractors, agents, all instructors, and all said participants in said football camp, from liability, including claims and suits at law or in equity, for injury which may result from the camper taking part in the Trinity Valley Football Camp.

I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury. Further, that there may be other risks not known or not reasonable foreseen at this times. I assume all the forgoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death. I hereby consent to said minor's participation and assume all the risks of his personal injury that may result from the football camp activity. I release, waive, discharge, and covenant not to bring legal action upon the Trinity Valley Board of Trustees, Trinity Valley Community College, Trinity Valley Football Camp, their officers, employees, contractors, agents, all instructors, all participants and anyone associated with its operation.

Signature of Parent or Legal Guardian

Date

Medical Treatment Authorization

I/We, being the parents and/or legal guardian of the applicant, authorize the Cardinal Football Camp and its agents permission to request emergency medical treatment or care as necessary to insure the well being of our dependent and claim that the registrant has had a physical examination deeming him to be fit for all physical endeavors.

Signature of Parent of Legal Guardian

Date

Insurance Verification

Are you or your dependents entitled to benefits under any employer, union, group plan, Blue Cross Blue Shield, Medicare, Medicaid, or any other governmental program?

(Circle One) **Yes** **No**

Person Carrying Insurance Coverage

Employer or Sponsoring Organization

Insurance Company/ Policy #

Address

City/State/Zip