



**WAIVER/RELEASE FORM
BERMUDIAN SPRINGS YOUTH FOOTBALL CAMP 21**

I. PARENTAL CONSENT

I, the parent or legal guardian of _____, a participant in the Bermudian Springs Youth Football Camp, grants permission for his/her participation in any and all conditioning camp activities. I agree to assume all risks and hazards incidental to participation in the conditioning camp.

II. MEDICAL RELEASE

As your child is involved in an active football camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site. In any event please provide both yours and a second contact in case of an injury/emergency.

Participant Name:

Grade 21/22 _____ **T-Shirt Size(circle one)** YL AS AM AL AXL A2XL

Parent or Guardian Name: _____

Home Phone#: _____ Cell #: _____

Medical Insurance Carrier: _____

If parent or legal guardian cannot be reached, call:

Name: _____ Phone#: _____

Relationship: _____

Please list any allergies and medical conditions that should be brought to our attention. Include any medication(s) that your child uses regularly:

I hereby grant permission to Bermudian Springs School District employees to administer first aid, secure proper treatment, and/or hospitalize my (son/daughter) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____