



Greene Dragons Youth Football, Inc. Football Camp Registration

Football Camp Registration Form

- 1) Make check for \$25 registration fee payable to Greene Dragons Youth Football
- 2) Registration Form must be completed along with payment
- 3) Waiver must be completed and signed

Player Information (Please Print)

Player's Name: _____ Date of Birth: _____

Player's Address: _____

Parent/Guardian Names: _____

Parent/Guardian Address: _____

Parent/Guardian Phone #: _____ (H) _____ (C) _____ (W)

Grade Player will be in Fall 19: _____ School Player will attend in Fall 19: _____

Player's Age as of August 1, 2019: _____

Experience (Circle): New Player or Experienced Player League Played Last Year: _____

Total Years Playing Tackle: _____ Estimated Weight: _____ lbs.

T-shirt Size: (please circle) YS YM YL YXL AS AM AL

NO REFUNDS: Registration is completed when FULL Camp Registration payment is received with the registration form and waiver. Players will NOT be allowed to participate in the Greene Dragons Youth Football Camp if payment is not made in full. If a check is returned for NSF, a fee of \$35 will be added to your balance. Equipment used at camp is property of Greene Dragons and William Monroe High School Athletics and must be returned. I agree to pay the cost of any lost or damaged equipment issued to my child or me during camp.

Names of Individuals allowed to pick up Player: _____

Names of Individuals NOT allowed to pick up Player: _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____

For Organization Use: Check #: _____ Amount Paid: _____ Date Received: _____

**Greene Dragons Youth Football Camp
Permission, Risk Acknowledgement, & Liability Waiver**

Dear Parent/Guardian and Participant: Please read the following carefully, and complete accordingly. (Note, if 18 or older, participant may complete and sign)

This is to certify that the undersigned: _____, ("participant")
(Participant's Name – please print)

age _____, born ____/____/_____, has my permission, and is voluntarily attending the Greene Dragons Youth Football Camp ("camp") with Greene Dragons Youth Football, Inc. and participating in related activities. Date of Camp:

Risk Acknowledgement/ Camp Conduct: I am aware that this camp; and the physical activities, flexibility, and aerobic exercise associate with it, place unusual demands on the body. Due to the nature of sports programs, I understand that participation in these activities could involve risk of physical injury, and despite safety precautions the organization cannot guarantee that a participant will not be injured, as all risks cannot be prevented. Risks include but are not limited to: slips/trips/falls; impact or collision with other players, structures or sports equipment/balls; exposure to outside environment; weather conditions; even surfaces; etc. Risks could include injuries such as, but not limited to: strains/sprains, fractures, bruises, cuts/scrapes, punctures, concussion, loss of consciousness, exhaustion, heat stroke, eye injuries; spinal injuries; neck, face, and head injuries; heart attack; sickness; and/or death.

I acknowledge that participant is physically capable to participate in this camp and related activities. I also acknowledge that participant understand the importance of following rules and regulations to minimize risks and agrees to obey all rules and instructions given by camp coaches and supervisors. Failure to comply could result in dismissal of participant from camp with no refund of camp fee. I also understand that I may be held responsible for any property damage costs due to the misconduct of above participant.

Medical Coverage & Emergency Treatment Release

I **acknowledge** that it is my responsibility to provide medical coverage, and/or provide any payments for medical costs that may arise as a result of injuries related to camp activities, including those costs that may exceed or be excluded from any applicable league accident insurance policy, which is a secondary policy. I hereby consent and give my permission that the participant may be treated for emergency medical care and first aid by a medical facility and/or camp personnel at their discretion and release them from liability for such decisions. I certify that I have completed the medical information form as well.

Liability Release:

Furthermore, in consideration of the opportunity to participate in described activities, with full knowledge and appreciation of the risks involved, and full understanding of the above issues/conditions, I hereby release and hold harmless Greene Dragons Youth Football, Inc/Jefferson District Youth Football League, its facility, staff, coaches, officers, trustees, representatives, chaperones, and agents from all responsibilities, claims, or demands of any nature, including injuries, damages, or property loss resulting from said participation in the Greene Dragons Youth Football Camp program.

Signature of Parent/Guardian or Participant

Printed Name of Parent/Guardian or Participant

Date

Parent or Guardian Phone Number(s)

Emergency Contact (other than parent)

Emergency Contact Phone Number