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Detach here and return this form to SOUTH SOUND FOOTBALL CAMP

REGISTRATION FORM

Campers Name _____ Age _____ Team _____ T-Shirt Size _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

I hereby authorize the applicant to attend SOUTH SOUND FOOTBALL CAMP and waive and release SOUTH SOUND FOOTBALL CAMP, Fife High School, the Fife School District, and any of their representatives and / or assignees, from any and all liabilities, injuries, claims, suits or damages which might result from participation in this activity. I know of no medical or physical problems which may affect the camper's ability to safely participate in this camp. I authorize the directors of this camp to act for me in any medical emergency according to their best judgment. In the event of illness or injury, I hereby give my consent for medical treatment and assume full responsibility for any medical expenses.

Parent/Guardian Signature _____ Date _____

Insurance Company _____

Insurance Policy # _____

Physician Name: _____ Physician Phone _____

Coaching staffs are responsible for bringing players medical/emergency cards

**PLEASE RETURN FORM
TO COACH OLIVER**
