

2010 Coral Springs Boosters Football and Conditioning Camp Application

Please Print

Name: _____ Home Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Work Phone: _____ Age: _____ Grade (Fall 2010): _____

Height: _____ Weight: _____ Email: _____

Parent/Guardian: _____

Please fill out application and sign waver below. Send application, Physical, Proof of Insurance and payment to the address provided below or the camper can give the above to Coach Gould **ONLY** at Coral Springs High School.

Colts Quarterback Club
Attention: Coach Gould
7201 West Sample Road
Coral Springs, FL 33065

Release and Waiver of Claims

In consideration of my child/dependent being permitted to attend and participate in the Coral Springs Boosters Football Camp, I, for myself, my child/dependent, my heirs, and personal representatives, do hereby waive, release, and discharge forever any and all claims for damages for bodily injury or death or damage or loss of property, that I or my child/dependent may have or accrue subsequently to my or my child/dependent against the Coral Springs Boosters Football Camp and it's coaches, trustees, officers, and employers arising from or attributable to my child/dependents attendance at and participation in football camp activities. Further, I hereby give to Coral Springs Boosters Football Camp and it's agents and representatives permission and a release to use as necessary my child/dependent's name and photograph to promote and advertise the football camp. I have read, or have had read to me, this release and waiver of claims statements and understand.

Parental Consent

Before medical operations and procedures can be performed on minors, the law requires parental permission. As a parent or guardian, you are requested to sign the form below which will allow any necessary medical procedures to be carried out promptly. Except in emergencies, no medical operations will be performed without parent or guardian being contacted and informed of the situation. As the minor's parent or guardian, I have knowledge and appreciate the risks associated with one's participation in football camp activities (bodily injury such as cuts, sprains, concussions, and broken bones, etc.), and hereby voluntarily consent to the minor's participation in football camp activities and assume all risk of possible injury that may arise.

Signature: _____ **Date:** _____

Relationship: _____