

# REED HIGH SCHOOL FULL CONTACT FOOTBALL CAMP REGISTRATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SCHOOL: \_\_\_\_\_ COACH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

RESTRICTION ON PARTICIPATION: \_\_\_\_\_

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AMOUNT ENCLOSED: \$: \_\_\_\_\_ CAMP FEE (\$50): \$ \_\_\_\_\_

*My son has permission to attend and participate in the Reed High School Football Full Contact Camp. I will be responsible for any medical or other charges in connection with his attendance at camp. I give my consent to the camp staff to authorize any medical treatment that may be needed for my child. I hereby authorize the football camp staff or my son's football coach to act according to their best judgement in any emergency requiring medical attention and I hereby waive and release Washoe County School District from any and all liability for any injuries and illness while participating in Reed High School Full Contact Football Camp. I have no knowledge of any physical impairment that would be affected by the above named participant's participation in the football camp.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_