

Edmond All-Sports Football Camp

July 24-26, 2017

Child's Name: _____
Age: _____ Position (s) Played: _____
Parent's Name: _____
Address: _____
City, State Zip: _____
Phone Number: _____ Cell/Other: _____
Emergency Name: _____
Emergency Number: _____

I, the parent/guardian of the above registrant, hereby give my approval for his/her participation in any and all activities made by the director, instructor, athletic trainer and/or other coordinators instructing at the program relevant to the registrants participation at the program. To my knowledge, there are no medical, physical, or emotional reasons my child/registrant cannot participate in the program. I agree that in the event of injury and/or illness to my child that may occur during the camp or a result of the camp, I will waive any and all claims against Nick Bobeck, University of Central Oklahoma, Edmond All-Sports, Inc, the City of Edmond, and all those affiliated with this program, including instructors, employees, and staff of the facilities in use. I understand and assume all risks associated with my child's participation in the program, including but not limited to extreme weather conditions, and all other risks associated with the program. I hereby authorize the program directors and their coordinators to act for me and my child according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the program from any and all liability for any injuries and illness incurred while participating. I further agree to be responsible for any medical attention or other charges incurred by the participant listed above in connection with the program.

MEDICAL INFORMATION

1. Is your child allergic to any drug/medication? _____ If so, what? _____
2. Does your child have any other allergies or medical problems we need to be made aware of? _____ If so, what? _____
3. Is your child on any medication? _____ If so, what? _____
4. Does your child wear contacts? _____
5. Does your child have any dental appliances such as braces and/or partial plates, etc? _____ If so, what? _____
6. Please list any other medical information you think we should know about your child.

Parent/Guardian Signature: _____
Please Print Name: _____ Date: _____

Payment: _____ Check _____ Cash _____ Office Signature: _____

Payment must be received with registration form.