



7TH-9TH GRADE SPRING FOOTBALL PADS CAMP

Players Full Name: _____

Parent/Guardians Full Name: _____

Parent/Guardian Cell Phone Number: _____

Address: _____

Entering Grade Level (Circle One): 7th 8th 9th

Primary Sport: _____

Other Sports: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Release of Liability

- In consideration of the Character Leaders Camps and Granting the Camper Permission to participate, I hereby state that the Character-Leaders Camps LLC, Mustang Public Schools, the Mustang Football Coaching Staff, or anyone associated with any of the aforementioned are not responsible for any preexisting injury or recurrence of any undisclosed preexistent injury or illness of the listed camper. I further acknowledge and release Character-Leaders Camps LLC, Mustang Public Schools, the Mustang Public Schools Athletics Department, Mustang Football Coaching Staff, Officers, Employees, Contractors, Agents, All Instructors and All Participants in said football camp from all Liability including claims and suits at Law or Equity, for injury which may result from the camper taking part in Character Leaders Camps.
- I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk or serious injury and that there may be other risks not know to or not reasonably seen at this time. I assume all the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability, or death. I hereby consent to said minors participation and assume all the risks of his/her personal injury that may result from the sports and fitness camp.
- I release, waive, discharge, and covenant not to bring legal action upon Character-Leaders Camps LLC, Mustang Public Schools, the Mustang Public Schools Athletics Department, Mustang Football Coaching Staff, Officers, Employees, Contractors, Agents, All Instructors and All Participants in said sports and fitness camp, and anyone associated with its operation.

Parent/Guardian Signature: _____

Medical Release & Insurance Verification

Campers Name: _____

- I request and give permission to Character Leaders Camps Training Staff, Mustang Football Coaching Staff, Officers, Employees, Contractors, Agents, and Instructors to treat the above named camp participant appropriately, including hospitalization, prescribing medication and performing emergency surgical procedures.
- I authorize release of any medical information to Character Leaders Camps Training Staff, Mustang Football Coaching Staff, Officers, Employees, Contractors, Agents, and Instructors that may be pertinent to any diagnosis or treatment of the above named camp participant.
- I understand that any charges resulting from this medical treatment will be billed to me at my address above or to my medical insurance. I also understand that as a parent or legal guardian I am also responsible for any deductibles associated with the primary or the secondary coverage.

Medical Insurance Company: _____

Policy Number: _____

Parent/Guardians Signature: _____