

# JJD Sports High School Football

## Padded Team Camp

Wednesday, July 12<sup>th</sup>

Manhattan, Ks

### Bishop Stadium at Cico Park

*1<sup>st</sup> Session: 8:00 a.m. - 10:00 a.m.*

*2<sup>nd</sup> Session: 11:00 a.m. - 1:00 p.m.*

*Cost: \$20 per Camper/Checks payable to JJD Sports*

#### **2017 Mega Camp Medical and Technology Waiver Form**

As part of the camp fee, every camper will have an excess accident medical insurance coverage plan. In addition, campers must also have coverage through their parent or guardian's medical coverage and JJD Sports Enterprises' camp insurance policy would be to supplement your own coverage. Every camper must have insurance and sign this waiver to participate in a JJD Mega Football Camp.

Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

- **Release of Liability**

The release of liability must be signed by a parent or guardian in order for their child to participate in camp activities.

In consideration of the JJD Mega Football Camp granting the student permission to participate in the Football Camp, I hereby assume all risks of his personal injury that may result from Football Camp activity. As parent/guardian, I do hereby release JJD Sports Enterprises, Manhattan High School, as well as all employees, instructors and all participants in said Football Camp from all liability, including claims and suits at law or inequity, for injury which may result from the student taking part in Football Camp activities. I also certify that my child has no injury or illness that would limit his participation in camp.

- **Medical Authorization**

The Medical Authorization must be signed for your son to participate in all camp activities: I hereby authorize and give my consent to JJD Sports Enterprises or any licensed physician or athletic trainer to perform upon or administer any reasonable, necessary medical treatment to my child attending said Football Camp. I agree to assume all costs related to such treatment, I understand that I will be responsible to any medical or other charges in connection with the student's attendance at this camp.

- **Technology Release**

I hereby agree to allow JJD Sports Enterprises to use pictures/videos of my son in correspondence, marketing materials and on all JJD websites to promote camp (Your son's full name will never be used without specific permission outside of this waiver).

I understand that this is my signature stating my declaration and consent that I have read and agree to all the terms and conditions listed above.

Parent/Guardian

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