

## Parental Consent and Release

“Essentials Youth Football camp is a voluntary activity. Participants are expected to provide their own transportation to and from camp. In all cases, transportation and liability are the responsibility of each individual.

### Please complete the following information:

**Check one**    Jr Pee Wee\_\_\_    Pee Wee\_\_\_    Jr Midget\_\_\_    Midget\_\_\_

Students Name: \_\_\_\_\_ (H) Phone \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ (H) Phone \_\_\_\_\_ (W) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (H) Phone \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Any medical conditions we should be aware of for participation:

\_\_\_\_ All student's participation in the camp grade passing league program must have their own health insurance.

The above named student has health insurance coverage

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

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Group # \_\_\_\_\_ Member # \_\_\_\_\_

Policy in name of: \_\_\_\_\_

Please read the informed consent and release authorization

I, the parent/guardian of the child whose name appears above, hereby authorize my child to participate in the program above. I agree to indemnify and hold harmless the Coaches, the employees, students and volunteers from and against all liability for injury, accident of damages which may result from his/her participation in the above mentioned activity. I also agree that the Staff may act as best fits the situation in case of emergency, illness of injury, if efforts to contact myself of other emergency persons fail.

I HAVE READ AND UNDERSTAND THIS RELEASE FORM AND UNDERSTAND THAT MY CHILD'S PARTICIPATION PURELY OPTIONAL AND NOT A MANDATED SCHOOL ACTIVITY.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**