



Middle School Football Camp Information (7th / 8th only)

CAMPER NAME

STREET ADDRESS

CITY / STATE / ZIP

PARENT'S NAME

PHONE NUMBER

EMERGENCY PHONE NUMBERS

AGE and GRADE OF CAMPER (This Fall)

E-MAIL ADDRESS

PARENTAL CONSENT FORM

Please read and sign the following consent form.

I hereby release Clarke Community School, and their employees and agents from all liability from injury or illness that may result from my child's participation from this camp. I certify that my child has been examined by a physician and found to be in good physical health and able to compete in all camp activities without restrictions. Furthermore, In the event that I cannot be reached in a medical emergency, I hereby grant permission to camp staff members to act on my behalf in case of a medical emergency and authorize the directors of the Indians Youth Football Camp act for me in accordance to their best judgment. I understand that Clarke Community School does not provide camp medical insurance and that I am responsible for any/all medical expenses.

Parent's Signature: _____

Date: _____

Guardian's Signature: _____

Date: _____

