

ATHLETE WAIVER

Athletes Name : _____

Address: _____

City / PC: _____

Parent phone #: _____

Parent email: _____

School: _____

Team (CDMFA): _____

Fall 2009 Grade: _____

Age: _____

Position: _____

Camp: Circle one

PASSING / GENERAL/ MINI

My signature below indicates my willingness to permit my child to participate fully in a physically rigorous program. It also indicates that my child is in good physical condition. I hereby assume the risk of all injuries to my child and do hereby release all coaches, staff and volunteers of the Playmaker U Football Camps from any and all liability which may result from any injury to my child. In case of emergency, if I cannot be contacted I hereby give permission for camp coaches and training staff to seek necessary medical attention for my child.

I give permission for any pictures of my child taken during the camp to be used for future promotional material by Playmaker U.

Parents/Guardian's name: _____

Relationship to athlete: _____

Date: _____

Parent/Guardian signature: _____

Fax: 780.460.1185 ... Phone: 780.236.1012