

## ATHLETE WAIVER

Athletes Name : \_\_\_\_\_

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

City / PC: \_\_\_\_\_

Parent phone #: \_\_\_\_\_

Parent email: \_\_\_\_\_

School: \_\_\_\_\_

Team (CDMFA): \_\_\_\_\_

Fall 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. Any hotel damages incurred by child will be paid by me, absolving Playmaker U of any damages to the athletes room while in Hotel.*

*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: 780.862.1180

