**CENTRAL INTERNATIONAL CARDINALS**

**THE WILLARD BAILEY FOOTBALL CAMPS/CLINICS**

**Camp/Clinic Waiver Form**

Thanks so much for registering for the Central International Sports Camp/Clinic! Please read this document carefully, print and sign. Signed forms will be collected the first day of camp at check-in.

 Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Camp Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **By signing below, you represent, warrant and agree to the following:**

**** I am the parent or legal guardian of the child being registered for camp.

 I understand that it is my responsibility to ensure that my child is healthy and has no medical or other condition that would preclude his/her participation in the camp.

 I understand that I am responsible for supplying and arranging for the administration of any medication that my child may require during camp activities.

 My child is covered by a health insurance plan or commensurate governmental health benefit plan and, upon request of the Central International Cardinals, I will provide evidence of such coverage.

 I hereby authorize the Central International Cardinals, its employees, agents and camp staff to render first aid and to arrange for the provision of or to provide urgent or emergent medical care to my child during camp activities in the event I cannot be contacted prior to the time such care is furnished.

 I agree that any expense for such medical care is my responsibility.

 I hereby personally assume any and all risks associated with my child’s participation in camp.

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