

Creekview Grizzly Cub Football Camp

Summer Cub Camp Registration

Player Information

First Name _____ Last Name _____

Age ____ Current Grade _____ Off. Pos. ____ Def. Pos. ____ Shirt Size (circle one) YM AS AM AL AXL AXXL

Contact Information

Father's Name _____ Mother's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Waiver/Release Form

PARTICIPANT INFORMATION: Please check the correct response and fill in any necessary information.

Is the participant allergic to anything? YES () NO () If yes, please list _____

Is the participant currently taking any medication? YES () NO () If yes, please list _____

Photo permission. Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this waiver you are also granting permission for photos to be taken.

EMERGENCY TREATMENT & TRANSPORTATION PERMISSION: In case of accident or injury, CCBOE and/or The Creekview Football Boosters, needs parental or guardian permission for emergency treatment and transportation. A signature below grants this permission.

INSURANCE INFORMATION: Health, medical, and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: _____ Policy#: _____

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against CCBOE, Calvary Baptist Church, Creekview Football Camps and its officers, agents, servants and employees. I do hereby fully release and discharge CCBOE, Calvary Baptist Church, Creekview Football Camps and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with or in any way associated with the activities of this program." I have read and fully understand the above Program Details and Waiver and Release all Claims.

Parent Signature _____

Player Signature _____

Please Print Name: _____

Please Print Name: _____

Date: _____

Date: _____

Return to: Seth Deering, 107 South Mountain Brooke Drive, Ball Ground GA 30107

Make all checks payable to Seth Deering