FREE IW Youth Football Camp

Registration & Liability Waiver

Camp Name: ____Irene-Wakonda Youth Football_____

Location: _____IW High School Football Field_____

Dates: _____August 13th-October 8th__ (weather permitting)**_____**

Time: ___Every Thursday evening from_5:00-6:00 PM_____

Participant Information

Player Name: _____

Age: _____

Date of Birth: _____

Parent/Guardian: _____

Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

Medical Information

Please list any allergies, medical conditions, medications, or other information coaches should know:

Assumption of Risk

I understand that participation in football activities involves inherent risks, including but not limited to falls, collisions, sprains, broken bones, concussions, heat-related illness, and other injuries.

I voluntarily allow my child to participate in this FREE Youth Football Camp and assume all risks associated with participation.

I release and hold harmless the camp organizers, coaches, volunteers, sponsors, and the owners of the facilities used for camp from any claims or liability for injury, illness, property damage, or loss that may occur during participation, except as otherwise required by applicable law.

Medical Authorization

If I cannot be reached in an emergency, I authorize camp staff to obtain emergency medical treatment for my child if necessary.

I understand that I am responsible for any medical expenses incurred.

Parent Acknowledgment

I certify that my child is physically able to participate in football activities. I have read this waiver, understand its contents, and voluntarily agree to its terms.

Photo & Video Permission

Please check one:

☐ **YES**, I give permission for photographs and/or videos of my child to be used on social media, websites, or promotional materials related to the football camp.

☐ **NO**, I do not give permission.

Parent/Guardian Signature_____

Parent/Guardian Name (Printed):_____