

2014 Falcon Youth Football Camp, (Ages 6-14)

June 24-25, 2014, 6-8 PM

Registration Form

Name _____ Grade Entering _____
Address _____ ST _____ Zip _____
Telephone _____ Email _____
Parent Name _____ Emergency Contact # _____
Parent Signature _____

Organization you play for _____

Fee: \$30 early registration before June 21 (\$35 after June 21)

Please make all checks for either camp payable to the *FALCON FOOTBALL CAMP*.

Payments may be delivered to the YHS main office or sent to:

FALCON FOOTBALL CAMP
c/o Doug Pereira
9300 George Washington Memorial Hwy
Yorktown, VA 23692

Medical Release Form

I certify that the named Camper is physically fit for playing football and other related activities and has my permission to participate in the camp program. In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I authorize the York high School Training Staff to perform immediate medical care, which includes but is not limited to the referral of other appropriate allied health care professionals, for any injury / illness that may occur while this individual is participating in camp activities. Any expense arising from injury is the responsibility of the person signing below. I hereby authorize the staff of the York High School to provide any care or medical treatment as deemed necessary to my minor son, (Print Name): _____ . I understand that the consent & authorization herein granted does not include major surgical procedures and are valid only during camp. Please list below any medications currently being taken or any allergies and/or medical conditions that might restrict this individual from participating in any camp activities:

If the Participant has a medical condition that could require medicine during participation, it is the responsibility of the Participant to supply this medicine daily (i.e. Asthma - Inhaler). Accident insurance for the Falcon Football Camp is provided York High School on a secondary basis. All registrants must be enrolled in a primary medical insurance program through their Parent / Guardian. Any medical claims resulting from this camp must be processed through the primary insurance before being submitted to this secondary policy. I, the undersigned Parent/Guardian, certify that I have ensured that the Participant has engaged in a sound nutritional diet which includes both hydration and food consumption, both before and after camp participation.

Date: _____ **Emergency Phone:** _____ **Signed [Parent/Guardian]:** _____