



Monacan Youth Football Camp

July 14th-15th

6:00 PM to 8:30 PM at Monacan High School

Cost: Free

Registration

Name _____ Address: _____

City: _____ State _____ Zip _____

Age:

Position Offense:

Position Defense:

Home Phone _____ - _____ Cell phone _____ - _____

Parent's Email:

Release Form

My son, _____ has my permission to attend the Monacan Youth Football Camp.

I am aware that my son must have current and active medical insurance before he can attend. My son is free from any medical or emotional problems that may affect his ability to safely participate in your camp's activities. In the event of any injury or illness in which my son requires medical care, I authorize the camp staff to act for me and to obtain/or administer any medical care or treatment deemed necessary and appropriate.

Health Insurance Company: _____

Policy Number: _____

Emergency Contact: _____

Emergency Number(s) : _____ -- _____ or _____ -- _____

I hereby waive and release Monacan Camp, its staff and the school, from any and all liability for any injury incurred while at the camp.

Parent/ Guardian Signature: _____ Date _____

*** Mail this completed form to **Monacan High School, Attention: Danny Parsons, 11501 Smoketree Drive, Richmond, Va 23236**

For more information email

michaelparis602@comcast.net