

HARDCORE FOOTBALL ACADEMY

We Build Better Football Players

Football Camp Form and Waiver

(Circle) Camps DL LB DB OL RB WR QB Off Season

Name of Participant: _____ **Birth Date** _____ **Age:** _____

Address: _____ **Apt.#** _____ **City:** _____

Province: _____ **Postal Code** _____

Phone # _____ **E-Mail** _____ **Cell #** _____

Height: _____ **Weight** _____ **High School** _____ **Grade** _____

T-Shirt Size S M L XL 2XL 3XL

Any Known Medical Conditions: Yes / No. If yes, please describe _____

Allergies to Medication: _____

Parent / Guardian Name: _____ **Relationship to Participant:** _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Emergency Contact Person: _____ **Phone #** _____

I hereby warrant that I am the parent and/or legal guardian of the above named Participant who will be participating in the Football Camp (which will entail strenuous physical activity) and that I have caused the said Participant to be forever bound by the terms of this document and I agree to forever defend, indemnify and hold harmless, and to voluntarily release, discharge, waive, and relinquish any and all actions or causes of action against the Hardcore Football Academy its' partners, successors, officers, agents, employees and independent contractors, from any and all claims, demands, or liabilities (including but not limited to personal injury and property damage) resulting in any manner from the Participant's participation in the Football Camp whether caused by negligence or otherwise.

Acknowledge and Accepted By:

Date

(Print)
Parent / Legal Guardian / Athlete

Signature

If under the age of 18, parent/legal guardian signature is needed.