

Meadowdale Jr. Football



Camp



July 15-17 5:30-7:30pm

Meadowdale High School Football Field:

6002 168th St SW Lynnwood WA 98037

Open to all experiences and abilities incoming grades 3-7

Camp based on improving fundamentals that are needed both for safety and ability to succeed with an emphasis on enjoying the great game of football while being coached by current Meadowdale High School Football players.

Cost is \$60 and includes a Meadowdale Football T-Shirt.

Camper's Name: _____ Entering Grade ('14-'15): _____

Please circle Adult T-Shirt size: S M L XL XXL

As a parent or guardian of a student requesting to register for participation in the 2014 Meadowdale High School Jr. Football Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that football entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____ (Parent initial)

2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Edmonds School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death.

Being fully aware of the risks, I hereby give permission for _____ who attends _____ to

(Student) (School) Participate in the 2014 Meadowdale Jr. Football Camp, July

Parent/Guardian Name _____ Home Phone _____ Email _____

Address: _____ City _____ Zip Code _____ Work Phone _____

Parent/Guardian Signature _____ Date _____

Checks Payable to ESD
Send Check & Registration to:
Meadowdale High School
C/O Michael Don
6002 168th St. SW.
Lynnwood WA, 98037