

# 2018 WARRIOR



# FOOTBALL CAMP

**Ages 6-14**



**July 16<sup>th</sup> – July 19<sup>th</sup>**

**Monday – Thursday**

**2:00 – 5:00**

**Edmonds District Stadium**



Mail the completed form (on back) and a check payable to **EW ABC** to: **EW Football Camp**  
**PO Box 1011, Edmonds, WA 98020**

Visit our  
Camps page

**EDMONDSWARRIORS.COM**

The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2018 Edmonds-Woodway High School Football Camp sponsored by the Edmonds School District, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that football programs entail 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 initials)

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.

\_\_\_\_\_  
(Parent initials)

Select T-shirt size →

Shirt Size: **YS YM YL AS AM AL**  
(Circle one) Y = Youth A = Adult

### 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 2018 Edmonds-Woodway High School Warrior Football Camp, July 16-July 19, for the purpose of learning fundamental football skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_