

# 2011 Pierce High School Football Full Contact Football Camp

June 20<sup>th</sup> through June 24<sup>th</sup>

5:30p.m. to 7:30 p.m.

Site: Pierce High School

Open to 9-12 grade high school students (13-19 yrs old)

## Registration and Release Form

Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First

Parent/Guardian Name \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

School \_\_\_\_\_

Grade in Fall \_\_\_\_\_

### Parent / Guardian Emergency Contact Information

Name \_\_\_\_\_  
Last First

Relationship to Athlete \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

### Medical Information

Restrictions on Participation? Explain \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_

I.D. Number \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

### Authorization to Consent to Treatment of a Minor

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby give permission for Trainers and Coaches of **Pierce Football** to seek emergency care for my/our child at a local medical facility if I/We cannot be reached in the event of illness or injury. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and I/We will be contacted in the event of illness or injury as soon as possible. This authorization shall remain effective until camp ends on June 24<sup>th</sup>, 2011 unless sooner revoked.

### Release of Liability

I/We, the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the Pierce Football Full Contact Football Camp. I/We understand there are obvious known risks/dangers inherent in my student's participation of this program. I/We voluntarily agree to assume such risks. In consideration of Pierce Football permitting my child's participation in the camp, based on my r that my/our child is in proper physical health and condition to participate, I agree: 1) to assume all risk of injury and or death to my child and all risk of damage or loss of my child's property arising from my child's participation in the camp, and 2) to release and forever discharge Pierce Joint Unified School District, its officers, agents, host sites, employees and coaches, from any and all claims or liability for any injury including death, and for any property damage or loss which may be suffered by me or my child arising out of any connection with my child's participation in the camp.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between the camp and myself, on behalf of my/our child, and I/We sign of my own free will.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### Mail this Registration Form with Payment to:

Pierce High School  
Attn: Scott Burnum  
960 Wildwood Road  
Arbuckle, CA 95912

*Please make checks payable to **Pierce High School***

### Camp Fees:

\$30.00 per athlete

### If you have any questions, please contact:

**Scott Burnum**

[sburnum@pierce.k12.ca.us](mailto:sburnum@pierce.k12.ca.us)

(530) 476-2384 – Home

(530) 370-3330 – Cell

(530) 476--3285 – Fax

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

\_\_\_\_\_  
Date