

Gladiator Youth Sports Camps Registration Form

CAMPER INFORMATION

Camper Name _____ Age _____ School _____ Grade _____

Address _____ City _____ State _____ Zip _____

Mother _____ Phone _____ Email _____

Father _____ Phone _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

Camps Attending _____; _____; _____

Payment Total: _____

PARTICIPATION WAIVER

From time to time over the summer months, coaches work with student-athletes so that the student-athletes may receive special instruction and/or individualized work-out programs. These activities are strictly voluntary.

Having read and understood the above, I/we _____ (parents/guardians) give my/our permission for _____ (son/daughter/ward) to participate in voluntary Gladiator Youth Sports Camp.

I/we fully understand that participating in this type of special instruction and/or individualized work-out programs may be hazardous and poses a risk of injury including, but not limited to, sprains, contusions, abrasions, broken bones, lacerations and in extreme cases, paralysis or death.

I/we agree to release and hold harmless any member of the Gladiator Youth Sports Camp Coaching Staff from all claims, judgments, costs or other expenses, attorney fees, or damages of any kind whatsoever, arising out of bodily injury or property damage which may result in any way from participation in the special instruction and/or individualized work-out programs.

This release is freely and voluntarily executed by the undersigned after having carefully read it. I/we, in executing this release, have not relied on any inducements, promises, or representations by the School Board of Clarke County or its agents not contained herein.

Parent/Guardian Signature

Date