

2019 WARRIOR FOOTBALL CAMP



Ages 6-14



July 22nd – July 24th

Monday - Wednesday

2:00 – 5:00

Edmonds District Stadium

Mail the completed form (on back) and a check payable to **ESD** to:

EW Football Camp, PO Box 1011, Edmonds, WA 98020



**Registered EWJF
Players 50% Off
Only \$20**

**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 2019 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:

Name: _____ 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 2019 Edmonds-Woodway High School Warrior Football Camp, July 22-July 24, 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 _____

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