2010 WOLVERINES YOUTH FOOTBALL CAMP
NON-CONTACT, BOYS GRADES 5-8
Mon-Thurs July 12-15 from 1:00pm to 5:00pm - $125.00

Visit Us At: www.sawolverines.com
We Accept Credit Card Payments with PayPal
Just Click on "Donate" Button on Website!!

Player Name:_____Grade:_____
Address:_____Zip:_____
DOB:_____ HT/WT _____/_____ Positions _____/_____

Offense Defense
T-SHIRT SIZE (circle only one): YOUTH S M L XL ADULT S M L XL

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Mother:_____ Address:_____Zip:_____
Home Telephone:_____ Mobile Telephone:_____
Email #1: _____Email #2:_____

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Father:_____ Address:_____Zip:_____
Home Telephone:_____ Mobile Telephone:_____
Email #1: _____Email #2:_____

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My child has the following medical condition(s): _____
My child takes the following medications (include both prescription AND non-prescription!):_____
_____

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Emergency Contact #1: _____ **Phones:**_____
Emergency Contact #2: _____ **Phones:**_____

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Advance registration accepted by mailing completed, signed form and $125.00 (cashier's check, personal check, or printed PayPal confirmation receipt only by mail) to South Football, 14335 Teton Place, Anchorage, Alaska, 99516
Pre-camp sign in from 11:30pm to 1:00pm Monday, July 12, at South High School Gym (cash, cashier's check, or PayPal confirmation receipt only if paying on first day of camp)
Questions? Call Rhonda at 250-3781

INFORMED CONSENT WAIVER OF LIABILITY – MANDATORY FOR PARTICIPATION

I maintain medical insurance for my child. The policy information below is current and accurate. If I cannot be reached in case of emergency, I authorize South High coaching staff to obtain any medical treatment for my child. I understand I am responsible for all insured or uninsured medical treatment costs. My child will not bring valuables to the youth camp because I know South Football is not responsible for any lost or stolen items. I understand participation is strictly voluntary, and that it involves some level of physical exertion. I certify my child has no injury or illness which should limit his participation. I agree my child will not engage in activities other than those specified by the South High coaching staff. I understand inappropriate behavior by my child will not be tolerated. I will not hold South Football Booster Foundation liable for any injury my child may incur as a result of his participation in this activity. I certify that I am the parent/legal guardian of the minor child participant _____ and I am signing this RELEASE with full legal responsibility for said minor child.

_____ Date:_____
Signature of Parent/Legal Guardian

_____ Policy No.:_____
Medical Insurance Carrier