

ALL PRO STRATEGIES YOUTH FOOTBALL CAMPS

I indemnify and hold harmless the Stephen Braggs Youth Foundation and/or its staff, both paid and volunteer positions, from all liability, claims, damage, injury or illness sustained by my child while attending the All Pro Strategies Football Camp. The Foundation has my permission to use necessary medical measures in the event of an emergency. My child has my permission to leave campgrounds with authorized camp staff for scheduled trips and outings. I understand that during the camp session, both staff and professional photographers will be taking pictures and videos of camp and campers to be used in future Foundation brochures and photo collections. I give my permission for the use of these photos that may be taken of my child and I understand that no remuneration will be received.

Child's Name: (Please Print) _____

Signature of parent or guardian _____

Relationship to child _____

TERMS AND CONDITIONS

HOURS: Camp hours are 9:00 am to 5:00 pm. I understand there is a 15-minute window for drop off and pick up of my child. In the event I fail to pick up my child at the appropriate hour, the camp supervisor may contact the local Sheriff's Office, the Dept. of Children & Families, or any other applicable federal, state, or local agency and to deliver my child to the care and custody of such agency.

MEDICAL AUTHORIZATION: I hereby authorize Stephen Braggs Youth Foundation and its representatives to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general and special supervision and the advise of a physician, surgeon, dentist, or other health care professional licensed to perform services in the host city/state of football camp. I hereby agree to bear the full cost of said medical treatment.

PHOTO RELEASE: I understand that the foundation staff and/or professional photographers and filmmakers will be taking pictures and videos of campers to be used in future brochures and photo collections. I give my permission for the use of these photos that may be taken of my child.

RETURNED CHECKS: I will be required to pay a \$25.00 fee for any returned check.

REPRESENTATIONS: I acknowledge that all of the information provided by me to the Stephen Braggs Youth Foundation is true, and that I provided said information for the purpose of inducing Stephen Braggs Youth Foundation to enter into this agreement.

UNRULY CHILDREN: I agree that in the event my child is unruly or disruptive, Stephen Braggs Youth Foundation may contact me and require me to remove my child from the program immediately. I agree that my child may be disciplined with the request for exercise, time-out, clean-up duty, writing, and possibly other activities. Physical aggression and profanity will NOT be tolerated. I agree that in the event Stephen Braggs Youth Foundation considers my child's behavior to pose a danger to himself or to others, the foundation is authorized to contact the county Sheriff's Office or any other applicable agency and to deliver my child to the care and custody of such agency.

Signature: _____ Date: _____



REGISTRATION FORM

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Please Print

Camp

City	Site	Dates
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Child's Name _____ Age _____ Weight _____ Height _____

Address _____

Home Phone _____ Cell Phone or Beeper _____

Has this child ever played organized football before? _____

Person Enrolling Child _____ Relationship to Child _____

Address _____

Employer _____ Work Phone _____

If the enrolling adult cannot be contacted in the case of an emergency, please list at least two other persons who may be contacted (at least one that resides at a different address).

1. Name _____ Relationship to Child _____

Address _____

Phone Numbers _____, _____

2. Name _____ Relationship to Child _____

Address _____

Phone Numbers _____, _____

If the parents are separated, or the person enrolling the child is not the parent, who has legal custody?

_____ *Physical custody?*

Explain anything related to custody/visitation of this child that you think we should know.

HEALTH INFORMATION

Child's Doctor _____ Phone _____

Health Insurance Provider _____ Policy # _____

Policy Holder _____ Group Name/Number _____

Please list any ongoing medical concern or medications: _____

Does your child have any allergies? _____ Yes _____ No

If yes, please be specific and note expected reactions to such allergies. _____

Any vision concerns? _____ Hearing concerns? _____

Procedure to follow in the event of an emergency when a parent cannot be contacted: _____

AUTHORIZATION TO PICK UP

Please initial all that apply.

_____ (Child's name) may be picked up and transported as indicated below.

_____ 1. Only by me _____ (Your name)

_____ 2. By any of the persons I have listed below.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

_____ 3. In an emergency, a person who is not listed when

_____ a. I have told a camp representative by phone or in person

_____ b. I have provided a signed and dated note

_____ 4. _____ (Person's name) may NOT pick up this child under ANY circumstances

Signature _____ Relationship _____ Date _____