



Parent Injury Waiver Form

Please Complete this form before Football Camp Begins. All participants must have a signed waiver on file to take part in the Galt Jr. Warriors Football Camp.

Permission is granted for:

Full Name of Camper

Date of Birth:

Age:

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Email Address:

Please provide the information below as it may be needed in case of an emergency.

Allergies:

Conditions requiring special consideration (medical/physical):

Does your child require an **Epipen** Yes ☐ No ☐ (B) **Inhaler** Yes ☐ No ☐ (C) **ANY MEDICATION CURRENTLY TAKEN:**

I certify that I am the parent or legal guardian of the participant names above.

Primary contact name

Relationship:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Secondary contact name

Relationship:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Child's Doctor:

Phone #:

Acknowledgment of Risk and Release of Liability

I, the undersigned parent or legal guardian of the above-named minor, hereby consent to their participation in the Galt Jr. Warriors Football Camp organized by the Galt Jr. Warriors Youth Football & Cheer Organization.

I understand that football related physical activities carry inherent risks of injury, including but not limited to sprains, fractures, concussions, dehydration, and in rare cases, serious or life-threatening injuries. I acknowledge that my child is voluntarily participating in the Camp with full knowledge and understanding of the protentional risk.

Waiver of Liability

In consideration of being allowed to participate in the camp, I hereby release, discharge, and hold harmless the Galt Jr. Warriors Organization, its coaches, volunteers, staff, sponsors, affiliates, and Galt High School from any and all liability for injury, illness, or death that may result from participation in this activity..

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature: