

"HIKE"- FOOTBALL MENTOR CAMP



2018 Information & Registration Form (Please fill out completely and sign.)

Name _____ **Position Played** _____

DOB _____ Age _____

Gender _____ Grade for 2014 – 2015: 1 2 3 4 5 6 7 8

Any intolerance to medications, previous illness or injuries the staff should be aware of?

Mother/ Father or Guardian Information

Name: _____

Address City _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address (please print clearly) _____ Emergency Contact Phone _____

RELEASE OF LIABILITY

1. In consideration of being allowed to participate in any activities and programs of 4 Quarters 4 Life Community Organization and The City of Hammond, including, but not limited to, the programs, and to use its facilities, equipment and machinery, I do hereby waive, release, and forever discharge its officers, agents, representatives, and all others from any and all responsibilities of liability from injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned activities. I do also hereby release and agree to indemnify all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of my participation in any activities of 4 Quarters 4 Life Football Mentor Camps. (Please initial ____)

2. I understand and am aware that physical activities including strength, flexibility, and aerobic exercise, and instructional classes, including the use of equipment, are potentially hazardous activities. I also understand that fitness/ sports activities involve a risk of injury, heart attack, and even death, and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death, and I forever release Quarters 4 Life Community Organization and The City of Hammond Indiana from any responsibility. (Please initial _____)

3. I do hereby further declare that my child _____ is physically sound and suffering from no condition, impairment, disease, or other illness that would prevent my participation or use of exercise equipment except as hereinafter stated. I acknowledge that I have been informed it is recommended I get my physician's approval for my participation in activities and exercise programs or the use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise equipment so that I might have his/ her recommendations concerning fitness activities and equipment use. I acknowledge that I have either passed a recent a physical examination or that I have decided to participate in activity and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities. (Please initial ____)

4. I will familiarize myself with the rules and policies of the 4 Quarters for Life Football Mentor Camp and agree to abide by them. I understand its staff retains the right to suspend or expel participants from use of facilities for failure to comply with facility and regulations. (Please initial ____)

I have read and voluntarily sign this release and waiver of liability and indemnity agreement, on behalf of myself and any representatives, heirs and next of kin.

Parent/Guardian Signature

Date