

THE STUDENT ATHLETE'S EQUATION
FOOTBALL CAMP

Parental Consent and Liability Waiver

By signing below, I grant permission for my child to participate in The Student Athlete's Equation Football Camp. My child has no known medical conditions that would prevent them from participating in this strenuous camp.

I release, The Student Athlete's Equation Football Camp, coaches, First Assembly School and their officers from any legal responsibility in the event of an accident, injury or death involving my child while participating in this event.

NAME OF PLAYER: _____

BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE: _____

E-MAIL: _____

EMERGENCY NAME & PHONE: _____

SIGNATURE – PARENT/GUARDIAN

DATE: _____