



# Chesapeake Sheriff's Office Youth Football Camp

## Registration

Please Print

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## Emergency Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

I am the parent or legal guardian for the child on this registration form, and grant permission for the volunteer staff of the Youth Football Camp to act on my behalf for my child in granting permission for evaluation and treatment or minor medical problems. I understand that should a major medical problem arise, reasonable attempts will be made to reach me by telephone at the number(s) I have listed. If I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a certified Athletic Trainer, Emergency Medical Technician (EMT) and/or a licensed physician. I understand that the Children Today Leaders Tomorrow, a 501(c)(3) charitable foundation, does not provide any accident and medical insurance and that I will be financially responsible for any and all medical expenses related to injuries sustained during the camp. I have actual knowledge of the inherent dangers, risks and injuries involved in football, a contact sport. In addition, I, for myself, my child, my heirs, and personal representatives, hereby waive, release, and discharge forever any and all claims of damages for bodily injury, death, or damage or loss of property in any way related to my child's participation in this camp, that I or my child may have or that may accrue subsequently to me or to my child against any and all departments or divisions of Children Today Leaders Tomorrow, the Chesapeake Sheriff's Office, the City of Chesapeake, the Commonwealth of Virginia, Chesapeake Public Schools and all employees and agents of such entities.

Further, I hereby give to the Children Today Leaders Tomorrow and its agents, permission to use my child's image/photograph/name/voice for promotional and educational purposes on behalf of the football camp (including but not limited to brochures, booklets, videotapes, reports, press releases, websites and exhibits).

Proof of age is required (Birth certificate, military ID, passport, certified school records or insurance policy),

I have read, have had read to me, this general permission and waiver of claims statement. I understand and voluntarily agree to its provisions.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian print name \_\_\_\_\_

Date: \_\_\_\_\_