

# 2021 Douglas County HS Weights, Speed, Conditioning and Football Practices Camp Registration

Please Print. Do not include more than one participant per registration form; use blank form to make copies for additional participants. Please mail or bring in registration forms and checks to the Athletic Office, or the Camp Instructor.

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_

Parent\Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip code

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

School student now attends \_\_\_\_\_ Grade (as of 2021-22 School Yr.) \_\_\_\_\_

**Emergency Information:** If we cannot contact parents, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I/we (print parents' names) \_\_\_\_\_ in return for my child's opportunity to participate in the 2021 Douglas County HS Spring/Summer Weights, Speed, Conditioning and Football Practices Camp do hereby exempt and release the Douglas County School District, its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the 2021 Douglas County HS Spring/Summer Weights, Speed, Conditioning and Football Practices Camp, whether or not such damage, loss or injury results from the negligence of Douglas County School District, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the 2021 Douglas County HS Spring/Summer Weights, Speed, Conditioning and Football Practices Camp. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)/guardian(s) of (insert child's name here) \_\_\_\_\_. I/we further acknowledge that no representation or promises by Douglas County School District representatives have been made in induce me to sign this release.

X \_\_\_\_\_  
Signature of Student Date

X \_\_\_\_\_  
Signature of Parent or Guardian Date

**CAMP ACTIVITIES INSURANCE WAIVER**

I fully understand the Douglas County School District Re. 1 does not provide health or life insurance coverage for the above-named student while he/she is participating in camp activities. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above-named student.

X \_\_\_\_\_  
Signature of Parent or Guardian Date

<i>Camp #</i>	<i>Camp Title</i>	<i>Date/Time of Camp</i>	<i>Cost of Camp</i>
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Please make checks payable to HQBC/Douglas County High School Football. Your processed check will be your receipt. All returned checks will be assessed a \$20.00 charge.

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