



**2018**

**Rohnert Park Warrior Full Contact Football Camp**

**RANCHO COTATE HIGH SCHOOL**

**(9:00am - 4:30pm)**

1st Session: 9:00am - 12:00pm

Lunch Break: 12:00pm-1:00pm

2nd Session: 1:15pm-4:30pm

CAMP CHECK-IN: Saturday, July 21st 8:00am-8:45am

**MEDICAL RELEASE FORMS AND LIABILITY WAIVER FORM:** We must have a signed medical form and a waiver form on file for each camper. Forms can be brought on the day of check in.

**HEALTH:** All campers must be in good health to participate in all camp activities in order to attend camp. The Insurance Information and Parent Waiver Form must be completed in order for your child to participate.

**WHAT TO BRING:** All campers should wear a t-shirt, shorts and cleats. Campers should also bring a pair of athletic tennis shoes. Campers also need all equipment (helmet, mouth piece, shoulder/knee/thigh pads, etc.) They should also have sunscreen and plenty of extra water.

**WATCHING PRACTICE:** Parents are allowed to attend and observe camp days but must be seated in the stands. ONLY Camp Staff and Personnel will be allowed access to the field. If you attend there is absolutely no food, gum or sunflower seeds allowed (this includes shelled nuts).

**FEES:** The fee for the camp goes to facility rental and the Warrior Organization.

Each camper will receive a T-SHIRT and a BBQ lunch.

Any questions please email [president@rpwarriors.org](mailto:president@rpwarriors.org) or [football@rpwarriors.org](mailto:football@rpwarriors.org).

**\$75 per camper. Discounts available for siblings.**

ROHNERT PARK WARRIORS

2018 PRE-SEASON FOOTBALL CAMP – REGISTRATION FORM – JULY 21, 2018

PARTICIPANTS LAST NAME: \_\_\_\_\_
FIRST NAME: \_\_\_\_\_
DATE OF BIRTH: \_\_\_\_\_
PARENT/GUARDIAN'S NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
HOME PHONE: \_\_\_\_\_
CELL PHONE: \_\_\_\_\_
EMAIL ADDRESS: \_\_\_\_\_



EMERGENCY CONTACT

SCHOOL/GRADE IN FALL: \_\_\_\_\_
Your "HOME" Organization: \_\_\_\_\_
Football Positions: \_\_\_\_\_

Name: \_\_\_\_\_
Relationship to participant: \_\_\_\_\_
Phone Number: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_

TOTAL CAMP FEE PAID: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_
ALERGIES: \_\_\_\_\_
CURRENT MEDICATIONS: \_\_\_\_\_

PLEASE CIRCLE T-SHIRT SIZE
YS YM YL YXL AS AM AL AXL

Authorization to Consent to Treatment of a Minor

I/We the undersigned parents of \_\_\_\_\_ a minor do hereby give permission for the coaches of Rohnert Park Warriors to seek emergency care for my/our child at a local medical facility if I/We cannot be reached in the event of an illness or injury. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and I/We will be contacted in the event of illness or injury as soon as possible. This authorization shall effective until camp ends on \_\_\_\_\_ unless sooner revoked.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Medical Insurance Carrier Information:

INSURANCE COMPANY: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_
ID NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Release of Liability

I/We the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the Rohnert Park Warrior Youth Football Camp. I/We understand there are obvious know risks/dangers inherent in the participation in this program, including but not limited to injuries sustained through a fall or loss of personal property, and I/We voluntarily agree to assume such risks. In consideration of Rohnert Park Warriors permitting my child's participation in the camp, based on my reputation that my/our child is in proper physical health and condition to participate, I agree 1) to assume all risk on injury to my child and all risk of damage or loss of child's property arising from my child's participation in the camp, and 2) to release and forever discharge Rohnert Park Warriors, its officers, agents, host sites, employees and coaches from any and all claims or liability for any injury including death, and for any property damage or loss which may be suffered by me or my child arising out of any connection with my child's participation in the camp. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between the camp and myself, on behalf of my/our child, and I/We sign of my/our own free will.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_