



# **SJCC FOOTBALL 2024**

**ARE YOU READY FOR SOME FOOTBALL??**

## **2024 SJCC YOUTH FOOTBALL CAMP**

**FOR GRADES 3-8**

**June 17, 18, 19 2024**

**9:00 A.M - Noon @ stadium**

**\$25**



**\* MAKE CHECKS OUT TO SJCC FOOTBALL\***

- Campers will learn basic football skills and fundamentals from experienced Coaches and current SJCC players!
- All campers will receive football camp T-shirt!
- Become a member of the SJCC Football Family!



**QUESTIONS?  
CONTACT COACH  
WEHRING at  
[jwehring@bishop-hoffman.net](mailto:jwehring@bishop-hoffman.net)**

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### **2024 SJCC YOUTH FOOTBALL CAMP**

CAMPER NAME \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PARENT CONTACT INFO \_\_\_\_\_

**\*PLEASE COMPLETE AND RETURN TO SJCC/BHCS MAIN OFFICE WITH PAYMENT\***

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

**2024 SJCC Youth Football Camp**

I acknowledge that this athletic event is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include but are not limited to, those caused by terrain, facilities, temperature, acts of God, weather, condition of athletes, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics but are also present in volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event, and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors, and organizers of the event in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Bishop Hoffman Catholic School and St. Joseph Central Catholic; their directors, officers, employees, volunteers, representatives, and agents, the even holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless, and Agree Not To Sue the entities or persons mentioned in this paragraph from all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Accident Waiver and Release of Liability form will be used by the persons or entities being released in the activity or event listed above and that it will govern my actions and responsibilities in said activity or event.

I hereby certify that I have read this document; and, I understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

\_\_\_\_\_

Print Participant’s Name

\_\_\_\_\_

Age

\_\_\_\_\_

Signature (If under 18 years old, Parent or guardian must also sign)

\_\_\_\_\_

Date

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and/or legal guardian does hereby represent that he/she is acting in such capacity and is fully responsible and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_

Print Participant’s Name

\_\_\_\_\_

Age

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date