2023 SJCC YOUTH FOOTBALL CAMP

CAMPER NAME _____ SHIRT SIZE_____

SCHOOL_____ GRADE_____

PARENT NAME_____

PARENT CONTACT INFO_____

PLEASE COMPLETE AND RETRUN TO SJCC/BHCS MAIN OFFICE WITH PAYMENT

WAIVER OF LIABILITY

I as the parent/legal guardian of the below names student in consideration of my daughter's application being accepted, intending to be legally bound, do hereby waive, release, and forever discharge Bishop Hoffman Catholic School, the Diocese of Toledo, it's employees, coaches, or volunteers from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in camp activities. I further attest the below named applicant is physically capable to participate in all events. Further, I attest the below named applicant's health insurance will cover any medical and hospital expenses that she incurs, and that she has passed a sports participation medical exam with the past year. BHCS reserve the right to refuse admission to any student at any time it is in the best interest of the Camp or participants.

Students Name (please print) _____ Birth Date: _____

Medical Consent

In the case of a medical emergency and reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by a licensed medical professional, and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for each surgery, are obtained prior to the performance of such surgery. Facts concerning the above named student's medical history, including allergies, medications being taken and any physical impairment(s) to which a licensed medical professional, should be alerted:

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Parent/ Legal Guardian Signature: _____ Date:_____

Parent / Legal Guardian Cell Phone #: _____