

JERRY FRANKS FOOTBALL CAMPS Release Form:

My son, _____ has permission to attend the Jerry Franks **Football** Camp.

I am aware that my son must have current and active medical insurance before he can attend. My son is free from any medical or emotional problems that may affect his ability to safely participate in your camps activities. In the event of any injury or illness which my son requires medical care, I authorize the camp staff to act for me and to obtain/or administer any medical care or treatment deemed necessary and appropriate.

Health Insurance Company: _____

Policy Number: _____

Emergency Contact Name: _____

Emergency Number: _____

I hereby waive and release **Jerry Franks Football** Camps, its owners, staff and sponsors, from any and all liability for any injury incurred while at the camp.

I authorize **Jerry Franks Football** Camps to use any photographs or articles about my son for publicity purposes.

Parent/Guardian Signature: _____

Participant Signature: _____

Date: _____

No Player will be accepted without Parent/Guardian approval.