

INJURY AND INSURANCE RELEASE STATEMENT:

My child has my permission to attend the Hilliard Bradley Football Camp. In the event of an emergency in which my child requires medical care, I authorize the staff of the camp to obtain the necessary treatment. I specifically consent to such treatment including, but not limited to, hospitalization and will be responsible for any medical charges in connection with attendance of the football camp. I specifically waive & release the camp staff and Hilliard City Schools from liability of any injury that my child may incur during & after participation in the camp. I authorize the camp to use any photos or newspaper articles about my child for publicity purposes. The Hilliard Bradley Football Camp is neither sponsored nor endorsed by the Hilliard City School district.

Player's Name:	Parent/Guardian:
Grade Entering:	Shirt Size (Circle): YM YL S M L XL XXL
Age:	Email:
Address:	Cell Phone #:
City:	Emergency #:
Parent/Guardian Signature:	Date:

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