

**SULPHUR SPRINGS WILDCAT FOOTBALL CAMP 2018**

**CAMP INCLUDES**

The Wildcat Football Camp will include basic fundamental instruction in all aspects of the game of football. The camper will also receive talks on leadership, character, and how to become a student-athlete on and off the field. Each camper will receive a T-Shirt and enjoy 3 fun filled days of football with the Wildcat Football Staff.



DATE: July 31 - Aug 2<sup>nd</sup>

GRADES ENTERING: 3<sup>rd</sup> – 8<sup>th</sup>

COST: \$45.00

TIME: 8:00 am – 10:00 am

PLACE: SSS Multi-Purpose Building

Mail full tuition, registration form and release to:  
Wildcat Football Camp  
c/o Greg Owens  
1200 Connally  
Sulphur Springs, Texas 75482

Make checks payable to The **Wildcat Football Camp** Payment may be made by Cash, Check or Money Order.

I wish to enroll for:

**Wildcat Football Camp - \$45**

July 31<sup>st</sup> – August 2<sup>nd</sup>      8:00am – 10:00am

For Athletes Entering 3<sup>rd</sup> – 8<sup>th</sup> Grade

(Fill out application, sign waiver on back and return with tuition)

PLAYER'S NAME: \_\_\_\_\_

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Parent / Guardian

Phone Number

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Emergency Contact

Phone Number

GRADE ENTERING: \_\_\_\_\_

Shirt Size (Circle One)

Adult:    S   M   L   XL   2XL

Youth:    S   M   L   XL

## Acknowledgement and Assumption of Risk & Release

(must be signed by Camper and Parent/Guardian)

I am aware of the risks involved in participation in the physical activities of the Wildcat Football Camp and all activities related to the camp; these activities include, without limitations, practices and events. I am aware that there is inherent risk of injury with competitive physical activity. My Participation in the above events and in all activities related to the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all risk associated with my participation in the above event. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Wildcat Football Camp, its employees, volunteers, and the Sulphur Springs I.S.D.

The terms hereof shall serve as a release and assumption of risk for myself, my parents or guardian. I have read and understand this acknowledgement and release and execute it as a free and voluntary act. Further, this acknowledgement and release in contractual and not a mere recital.

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Campers Name Printed	Campers Signature	Date
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Parent/Guardian Name Printed	Parent/Guardian Signature	Date
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Name of Insurance Company	Policy Number
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### CONSENT FOR TREATMENT OF A MINOR

(Please Print or Type)

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Name of Camper	Date of Birth
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Address	City	Zip
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Parent/Guardian	Home Phone	Work Phone
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I, undersigned, as parent or legal guardian of (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under circumstances for the treatment of any illness or injury or the minor. The attending appropriate staff, and the Wildcat Football Camp and its officers, regents, and employees shall not be responsible in any way for the consequences from said medical and/or surgical treatment and hereby released from any and all claims and causes of the action that may arise, grow out of, or be incident to such diagnosis, treatment, of surgery insofar as the law allows and provided that these services are performed with ordinary care to the best of their ability.

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Parent/Guardian Signature	Date
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July 31<sup>st</sup> - August 2<sup>nd</sup>

8:00 am – 10:00 am