



Registration: **2017 Home Team Foundation Football Camps**

I am signing up for:

_____ **HTF Little Falcons Day Camp. \$40.00 per campers**
(June 19th-June 20th)

_____ **HTF Football Camp @ Flowers Plantation. \$40.00 per camper**
(July 10th-11th)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **School:** _____

Grade (Fall 2017): _____ **Height:** _____ **Weight** _____

Position: OFF _____ **DEF** _____

The Undersigned, as parent or guardian of the child named above, desires that my child participate in the football camp offered by Home Team Foundation; and by execution of this release I agree that all requirements, directions and standards set by the coaching staff and personnel, use of any equipment under the supervision of the coaching staff and personnel shall be deemed to have been accomplished for the benefit of my child.

In consideration of Home Team Foundation effort on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss to my child or my child's property which may arise out of my child's participation in the football camp, hereby intending to release and discharge Home Team Foundation INC, the director, personnel involved or otherwise which may from participation in the football camp.

Authorization: I authorize and request Home Team Medical Staff or Camp Doctors or trainers to administer all requested and/or indicated outpatient medical and surgical services, and when necessary provide tetanus immunization, perform emergency procedures, or refer to other duly licensed medical personnel for necessary emergency treatment when indicated, including transfer to outside Hospital.

Signature of parent/Guardian if participant is under legal age (18)

Date

Phone Number

Make Check or Money order payable to: **Home Team Foundation**

Mail registration to: HTF INC. 2700 Cluskey Way suite 104 Raleigh, NC 27615 Attn:
A Parker