VALLEY YOUTH FOOTBALL CAMP 2019
(Form A)
(Camper Information/Waiver Form)

Note: Both Form A and Form B must be completed prior to participation in camp

(Please write clearly)

Camper Name:_____

Address:_____

City, State, Zip:_____

Phone:_____

Email:_____

Entering Grade in September:_____

Parent Name:_____

Cell Phone:_____

How did you hear about our camp?
Please Select
By email from my coach_____By phone from my coach_____From a friend_____
Other_____

Shirt Size:
Please select from the following (check one):

Youth Medium_____
Youth Large_____
Adult Small_____
Adult Medium_____
Adult Large_____
Adult XL_____

WAIVER

CAMPER AGREEMENT

I affirm that my participation in the Valley Youth Football Camp is entirely voluntary, and understand that participation in the Valley Youth Football Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Valley Youth Football Camp staff prior to signing this Form. I also understand that, despite safety precautions, the Valley Youth Football Camp cannot guarantee that I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Valley Youth Football Camp. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Valley Youth Football Camp.

PARENT/GUARDIAN AGREEMENT

I agree to allow my child/ward to participate in the Valley Youth Football Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child/ward will engage in at the Valley Youth Football Camp (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, the Valley Youth Football Camp cannot guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Valley Youth Football Camp.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:

In consideration for permitting me/my child/ward to participate in the Valley Youth Football Camp, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, including death that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Valley Youth Football Camp.

TO RELEASE, WAIVE, REMISE, HOLD HARMLESS & DISCHARGE the Valley Youth Football Camp and its members, officers, principals, employees, agents, volunteers, coaches, staff, and any person or entity responsible for administering the Valley Youth Football Camp, (hereinafter collectively referred to as "releases") from any and all liability, claims, actions, demands, expenses, attorney's fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Valley Youth Football Camp including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence or carelessness of the releases.

I AGREE to hold harmless, defend and indemnify the Pascack Valley Regional High School District Board of Education, its agents and representatives, against any and all claims relating to the use of the facilities herein and shall hold the Board harmless for any injuries or damage resulting there from.

MEDICAL EVALUATION: I understand that I must submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Valley Youth Football Camp. I further understand that I will be responsible for my medical expenses.

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in the Valley Youth Football Camp to be used in marketing/public relations material in the promotion of the Valley Youth Football Camp.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

I have read and agree to all terms and conditions above.

_____

Parent or Guardian Name (Print)

_____

Parent or Guardian Signature Date

VALLEY YOUTH FOOTBALL CAMP 2019
(Form B)
(Health Waiver)

(Please write clearly)

Camper Name: _____

Address:_____

City, State, Zip:_____

Phone:_____

Email:_____

Parent/Guardian Name:_____

If parent/guardian not available, please provide an additional emergency contact below:

Name:_____

Phone:_____

Address:_____

Health History

(Please give any date or detail you believe would be helpful)
*LEAVE blank if not applicable

Ear Infection_____ Heart Defect/Disease_____ Hypertension_____
Rheumatic Fever_____ Bleeding/Clotting Disorder_____ Convulsions_____
Measles_____ German Measles_____ Mumps_____ Chicken Pox_____
Diabetes_____ Asthma_____ Behavioral Disorder_____
Operation or Serious Injury _____ Chronic Illness_____
OTHER_____
Current Medication taking_____

Please enter "yes" if ALLERGIES to the following. Leave blank if not applicable.
Poison Ivy_____ Insect Sting_____ Penicillin _____ Hay Fever_____ Latex_____
Other Drugs _____

Health Insurance Carrier_____ Policy Holder Name: _____
Health Card Number _____

Any Specific activities to be restricted while participating in the Valley Youth Football Camp? If Yes, please explain: _____
_____

Important:
Please notify the Valley Youth Football Camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

This health form is correct to the best of my ability and my child/ward has permission to engage in all camp activities, except as noted herein by me. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Valley Youth Football Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Valley Youth Football Camp, as deemed necessary by the staff of the Valley Youth Football Camp.

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume (on behalf of my child/ward) all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my life (or my child's/ward's life), and I choose to accept the risk involved (and allow him/her, if minor child) to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Valley Youth Football Camp and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, arising from, in any manner, injuries to myself (my child/ward) as a result of my (his/her) participation in this activity.

By my signature below, I certify that I completely understand this document.

Signature of Parent or Guardian Date