



**ERIC MATTHEWS**  
FOUNDATION



## EMF YOUTH FOOTBALL CAMP

### Registration & Waiver Form

#### Player Information (Please Print Legible)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian Information Parent Name \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_

#### Parent/Legal Guardian Waiver

I, \_\_\_\_\_ have read and agree to the terms of the Code of Conduct Agreement and Facility Rules. Eric Matthews Foundation, East Boynton Wildcats, Hester Community Center, Angry 8, YEAA&A and its employees and facilities and assume no responsibility and will not be held liable for any injuries, illnesses or accidents resulting from activities with Eric Matthews Foundation or any resulting medical, dental or other expenses. I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby agree to hold harmless and indemnify Eric Matthews Foundation and all its officers, departments, agencies, volunteers and employees from any and all claims, losses, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my families participation in any Eric Matthews Foundation program/services. I have read and understand this Hold Harmless Agreement and by my signature below I agree to its terms.

\_\_\_\_\_  
 Signature of Parent / Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Print)Name of Parent / Legal Guardian

#### Medical Release Form

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name) in the event of an accident, injury, sickness, etc., under the direction Eric Matthews Foundation and its employees, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This form is valid for all participation in Eric Matthews Foundation sponsored events and activities.