

2019

Mountain View High School



Cougar Camp

Aug 12-16

\$45

Player Name:

Age/Grade Level: _____

Player Cell Phone: _____

Player Email: _____

Parents Names:

Parent Cell Phone:

Emergency Phone Numbers:

Parent Email:

\$45: Yes No Youth Helper=\$

Waiver:

I hereby authorize my child's participation in Mountain View HS Football's Cougar Camp. I know of no mental or physical problems that may affect my child's ability to safely participate, and the camp staff is authorized to attend to any health problem or injury that may occur while attending this camp. I understand that my child must have current and active medical insurance before they can attend this camp. Neither my child nor I will hold Mountain View High School or any of the coaches liable for any injuries or expenses related to their time at camp.

Date: _____

Signature of Parent/Guardian