



Monroe Grade School 2025 Football Camp Waiver and Release Form

Participant's Name: _____

Grade: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Medical Information

Allergies (food, medication, other): _____

Current Medications: _____

Existing Injuries or Conditions: _____

Physician's Name/Phone: _____

Acknowledgment of Risk

I, the undersigned parent/guardian, understand that participation in football camp involves physical activity, contact, and the risk of injury, which may include but is not limited to sprains, fractures, concussions, or other serious conditions. I acknowledge and assume all such risks on behalf of my child.

Medical Treatment Authorization

In the event of illness or injury, I hereby authorize camp staff, coaches, or volunteers to obtain emergency medical treatment deemed necessary for my child. I understand that every effort will be made to contact me or the emergency contact listed above prior to treatment.

Release of Liability

In consideration for my child's participation in the Middle School Football Camp, I release, discharge, and hold harmless the camp organizers, coaches, volunteers, the school district, and any associated staff from any and all liability, claims, or demands for injuries, damages, or losses that may arise from participation, except in cases of gross negligence.

Insurance Responsibility

I understand that it is my responsibility to provide medical insurance coverage for my child and that the camp does not carry accident or health insurance for participants.

Signatures

Parent/Guardian Name (print): _____

Parent/Guardian Signature: Enter signature Date: _____

Participant's Signature: Enter participant signature Date: _____