

Ursuline High School Football Camp Release Form

Date: _____

I/we, _____, the parent(s)/legal guardian(s) of
_____ request that my/our child participate in the

Ursuline High School Football Camp at Cafaro Field on Bryson Street.

In consideration of the child being allowed to participate in the cheer clinics on behalf of my child, my spouse and myself, I hereby assume all risks in connection with the Camp and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, Ursuline High School and the pastoral staff, employees and volunteers, the camp location and its employees thereof all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse ever had, now has or may have due to the child's participation in the camp, including all risks connected therewith whether foreseen or unforeseen. I also understand that photographs from the camp may be used for promotional purposes in print or online and that Ursuline High School has permission to use images that my child is pictured in.

I fully understand what is involved in the camp, and I understand that I have the opportunity to ask any questions about the event that arise.

Name of child's physician: _____

Physician's phone number: _____

Preferred hospital: _____

Allergies: _____

In the event that I cannot be reached, I grant permission to the adult supervisor to take whatever action is deemed necessary to see that my child receives the needed medical attention.

Parent/Legal Guardian Signature

Date

There are 3 available Football Camp sessions. My child will be participating in the

April 21 Session

April 28 Session

May 5 Session

Please circle all that apply.

Emergency Contact Information

Name: _____

Phone Number: _____ Relationship to student: _____