



United States Plastic Corp.



Legends of Northwest Ohio

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YOUTH FOOTBALL CAMP

Date: Saturday, July 8, 2017
Ages: 8-13 years old
Location: Elida Football Stadium (Inclement weather: Elida Fieldhouse)

Schedule:
Check-In: 8:30 - 9:00 a.m.
Camp: 9:00 a.m. - 12:15 p.m.

Camp is FREE of charge but all players MUST complete a registration form and permission waiver to attend.

Registration information:

Student Name: Age as of 07.08.17

Address:

School attending - Fall 2017:

Parent(s) or Legal Guardian(s):

Emergency Information:

Contact Name: Ph.#

2nd Contact: Ph.#

*A STUDENT PERMISSION WAIVER FORM MUST be signed by a parent or legal guardian, included with the registration form, and on-file in order for the student to be allowed to participate.

Come dressed for activity. No football equipment required. Football or tennis shoes are acceptable.

Please keep a copy and return the registration and release forms to:

Legends Camp
Attention: Mark Miller
4380 Sunnydale Rd., Elida, OH 45807

For questions, please email Mark Miller at mark@elida.k12.oh.us.



STUDENT PERMISSION WAIVER FORM – District 8 FCA Legends of Northwest Ohio Youth Football Camp

Medical Information:

1. List and explain any known physical defect or illness which might interfere with the student's participation in strenuous activity.
2. Does the student have any allergies or reactions to drugs or medicines? Please explain.
3. List any medications the student is presently taking or any special diet or exercise restrictions. Please include all over-the-counter medications such as Tylenol, etc. (list name of drugs, dosage, etc.).
4. Does the student have any history of concussions? Please explain.
5. Please indicate the date of last Tetanus shot: _____
6. Are there any emotional/social issues that would be helpful for us to be aware of?
7. Is your son/daughter living with both parents one parent guardian other _____

Health Insurance Information

Insurance Company _____ Policy Number _____

Phone Number _____

Medical Doctor _____ Phone Number _____

Functions and Activities

Prior to my student's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability for District 8 FCA Legends of Northwest Ohio Youth Football Camp

By signing this Student Permission Waiver Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release **the Fellowship of Christian Athletes (FCA), Elida Schools, FCA and/or Elida Schools leaders, employees, Officers, Directors, volunteers, and agents, and all camp instructors, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place** from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the student's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers or agents. I further agree to indemnify and hold harmless **FCA, Elida Schools, FCA and/or Elida Schools leaders, employees, Officers, Directors, volunteers, and agents, and all camp instructors, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place**, from any and all claims arising from my student's participation in its activities and programs, or as a result of injury or illness of my student during such activities. I hereby release, discharge, and covenant not to sue **FCA, Elida Schools, FCA and/or Elida Schools leaders, employees, Officers, Directors, volunteers, and agents, and all camp instructors, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place**.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the student named above including hospitalization, if in the agent's opinion that such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for camp trainer and camp professional medical staff to give over-the-counter medications as needed, as well as, attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for my student to be transported to a medical center in an emergency situation.

Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or Campus Ministries, or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

Other Information

List any other information that leaders should know about the student participant:

I represent that I am the parent/legal guardian of _____, who is under 18 years of age. I have read the above Student Permission Waiver Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Permission Waiver Form, including the Release of Liability above, on behalf of the student and agree that this Student Permission Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Print Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Date _____