

CAMP INFORMATION

- CHEERLEADING WINTER CAMP
 FOOTBALL WINTER CAMP
 CHEERLEADING SUMMER CAMP
 FOOTBALL SUMMER CAMP

Fundamentals and Drills Camp Waiver Form

Website: www.west7ramsouthclub.com / Hotline: (313) 443-5834 / Email: info@west7ramsouthclub.com
Facebook: www.facebook.com/west7rams / Twitter: West7Rams / Instagram: West7Rams
Hosted by: West Seven Rams Youth Club

Sign Up for Text Message Alerts—text **West7Rams** to 84483

PARTICIPANT INFORMATION

FIRST: _____ MIDDLE: _____ LAST: _____ NICKNAME: _____

BIRTH DATE: ____/____/____ AGE: ____ SCHOOL: _____ SCHOOL CITY: _____ GRADE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT EMAIL ADDRESS: _____ PARENT CELL: _____

T-SHIRT SIZE

YOUTH SMALL YOUTH MEDIUM YOUTH LARGE YOUTH XL ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XL OTHER: _____

HAVE YOU EVER PARTICIPATED IN ANY OTHER ORGANIZED SPORT? NO YES (PLEASE LIST TEAM AND CITY) _____

PARENT/GUARDIAN/EMERGENCY INFORMATION

| | | | |
|----------------------------|-----------------------------|----------------------------|---|
| MOM'S NAME : _____ | MOM'S EMAIL : _____ | MOM'S CELL : _____ | <small>CIRCLE ALTERNATE #</small> HOME WORK OTHER: _____ |
| DAD'S NAME : _____ | DAD'S EMAIL : _____ | DAD'S CELL : _____ | <small>CIRCLE ALTERNATE #</small> HOME WORK OTHE : _____ |
| GUARDIAN'S NAME : _____ | GUARDIAN'S EMAIL : _____ | GUARDIAN'S CELL : _____ | <small>CIRCLE ALTERNATE #</small> HOME WORK OTHE : _____ |

EMERGENCY CONTACT NAME: _____ RELATION: _____ NUMBER: _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ****PLEASE INITIAL: _____

My son or daughter has permission to attend the W.S.R. Fundamentals and Drills Camp. I have no knowledge of any physical impairment that would affect or be affected by my son or daughter participation in the W.S.R. Camp program.

If any please indicate: _____

In the event of any emergency in which my son or daughter required medical care, I authorize the staff of W.S.R. to act on my behalf to obtain medical treatment to their best judgment deemed necessary and appropriate.

I specifically consent to such treatment including, but not limited to, hospitalization and surgery and will be responsible for any and all medical or other charges in connection with his/her attendance at camp.

I acknowledge that at W.S.R. Fundamentals and Drills Camp there is always a risk of an accident or injury. My son or daughter will participate in any activity that may include, but not limited to contact of the body with another person or objects, including the ground.

I specifically waive, give up and release the West Seven Rams Youth Club, its owners, staff & any and all facilities used by the West Seven Rams from any and all liability, from any and all claims for damages which I or my son/daughter may have for injuries or illnesses that he/she may sustain at camp.

I authorize W.S.R. Camp to use any photographs or articles about my son/daughter for publicity purposes. I understand that violation of camp rules may result in my son's and/or daughter/s dismissal from camp.

Parent/Guardian Signature: _____ Date: _____