



**FOOTBALL CAMP**  
 P.O. Box 1767  
 Novato, CA 94948

**Registration Form**  
 (Please Print)

Today's date:							
PARTICIPANTS INFORMATION							
Participants last name:		First:	Middle:			Years Played (circle one) 1 / 2 / 3 / 4 / 5	
Registered with San Marin Youth Football <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have gear?		Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home phone :		( )	
P.O. box:	City:		State:		ZIP Code:		
Any medical conditions:							

IN CASE OF EMERGENCY				
Name of local relative or responsible person:		Relationship to participant:	Home phone no.: ( )	Work phone no.: ( )
_____		_____	_____	_____
<i>Patient/Guardian signature</i>		<i>Date</i>		

WAIVER	
<p>In consideration of my child's application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, which my child may have or which may hereafter accrue to them against the SMYFC Football youth camp, or its or their respective officers, agents, representatives, successors and/or assigns; for any and all damages which may be sustained or suffered by them in conjunction with their association in and/or rising out of their participation, traveling to or returning from the SMYFC youth camp to be participated at San Marin High School.</p>	
_____	_____
<i>Patient/Guardian signature</i>	<i>Date</i>