



Payment info
Cash \$ _____
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Charge \$ _____/last 4 digits of cc _____

BLITZ SKILLS & CONDITIONING FOOTBALL CAMP WAIVER

Hosted by WSJ Storm

July 18-22 2016

\$65 NON-Registered players \$50 if you're a registered WSJ STORM Player

All funds are non-returnable

PLAYER PARTICIPANT INFORMATION

Legal Last name _____

Legal First name _____

Date of Birth _____ Age _____ T-Shirt Size—Adult S M L XL or Child S M L XL

PARENT/GUARDIAN INFORMATION

Parent/Guardian

Name _____

Address _____

City/State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Last name _____ First name _____

Main phone _____ second Phone _____

Physician name _____ Physician phone _____

Medical insurance Type (Kaiser, Blue Shield, Cigna.Etc) _____

WAIVER

I/We, the parent/guardian of the above named child, do hereby give my/our approval for my child's participation in THE Blitz Football Camp. I/we assume all risks and hazards to this participation for any claim arising out of injury to the below named child, including by not limited to transportation to and from such activities. I/We hereby release West San Jose Storm, It's board members, coaches, participants, SJPAL, sponsor's and volunteers from any liability for damage or injury sustained as a result of this participation including transportation.

I/We understand that our personal medical/dental insurance will remain the primary carrier of the insurance and the insurance offered through this program is secondary in nature. In case of emergency, I hereby Authorize Silicon Valley Youth Football D.B.A. The WSJ Storm to pursue any necessary Medical treatment. Parents need to notify participant's coach of any prior medical conditions or medications being taken.

(signed by the parent/guardian for the above child participating)

Date
