



## Summer Football Camp Registration Form

### CAMPER'S INFORMATION (Please Print Clearly)

LAST NAME	FIRST NAME	PREFERRED NAME	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
AGE	SEX	BIRTHDATE	
HEIGHT	WEIGHT	T-SHIRT SIZE	

### PARENT/GUARDIAN CONTACT INFORMATION:

PARENT/GUARDIAN	RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
EMERGENCY CONTACT	RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	

**PERMISSION**

I hereby give permission for my child or ward to participate in all activities of The Jerry Clark Foundation Summer Football Camp during the days he/she is scheduled to attend.

**INDEMNIFICATION & RELEASE**

For and in consideration of permission granted to my child or ward to participate in The Jerry Clark Foundation Summer Football Camp activities, I hereby release and discharge The Jerry Clark Foundation Inc., Dekalb County Government ,(enter all involved here), employees, and their agents, from all claims which I or my child have or claim to have, for all personal and property injuries, knowing or unknowing, caused by, during or arising out of the program, and I further agree to indemnify and hold harmless, The Jerry Clark Foundation Inc. and his agents against any such claims.

I acknowledge that I am authorized and competent to execute this information, Permission, Indemnification and Release Form, and that I have read and understand all of these terms. I execute it voluntarily and with full knowledge of its significance.

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**PARENT/GUARDIAN SIGNATURE**

**DATE**