



Spartans Youth Football, Inc.

2017 – Summer Youth Camp Form

Our Camp is conducted by Madison Memorial High School Football coaching staff featuring Varsity Head Coach Adam Smith.

- ☐ YOUTH CAMP – (4 & 5TH GRADE) – JULY 24 - 26 (MON, TUE, WED) 5:30 - 7:30 PM - \$30 FEE
- ☐ MIDDLE SCHOOL CAMP – (6TH, 7TH & 8TH GRADE) - JULY 24-26 (MON, TUES, WED) 5:30 - 7:30 PM - \$30 FEE
- ☐ FREE/REDUCED LUNCH – _____ (4 & 5TH GRADE) _____ (6TH- 8TH GRADE) - \$30 FEE

Players that Register by July 1, 2017 will get a Camp T-SHIRT

www.spartansyouthfootball.com or secretary@spartansyouthfootball.com

REGISTRATION FORM

(PLEASE REMIT WITH PAYMENT OR PAY ONLINE WITH A CREDIT CARD (PAYPAL))

*****BE SURE TO SEE NEXT PAGE FOR PARENTAL SIGNATURE NEEDED ON WAIVER FORM*****

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

ENTERING GRADE: _____

ADULT T-SHIRT SIZE: S M L XL XXL

***If you don't pay w/PayPal - Please mail this page w/Signed Waiver and Check Payable to:**

Spartans Youth Football, Inc.

9806 Shadow Wood Dr.

Verona, WI 53593

Please Register by July 1, 2017 to get a Camp T-Shirt!

- All Spartan Football Players are required to provide their own football shoes, appropriate workout attire, water bottle and transportation to and from camp.
- Remember to bring your inhaler and Epi-pen. (if needed)
- Water stations will also be provided.

****There will be a licensed athletic trainer on hand during camp****



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2017 – Summer Youth Camp Waiver

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in JMM Spartan Football Camp, I, _____ for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue JMM Spartan Football Camp, its officers, employees, agents and any other entity or organization associated with such camp from liability from any and all claims including the negligence of Madison Metropolitan School District, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in JMM Spartan Football Camp.

Signature of Parent/Guardian of Minor

Date _____

Name of Minor (Please Print) _____ Date of Birth _____

Assumption of Risks: Participation in Spartan Football Camps carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in JMM Spartan Football Camp. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Madison Metropolitan School District HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Spartan Football Camps and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor

Date _____

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT

I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application and I verify that the coverage information attached herewith is accurate and true.

In the case of an emergency and if I cannot be reached, I authorize the staff of JMM Spartan Football Camp to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent/guardian of the minor _____ and I am signing this **Release** on behalf of said minor.

Signature of Parent/Guardian of Minor

Date _____