

West Trojan Football Camp Registration

CAMP DATES: July 26 – July 28 (M, T, W)
PRICE: \$40.00
SESSION TIMES: 6th, 7th, 8th and incoming freshmen – 8 am – 11 am
LOCATION: Trojan Track Field
MAKE CHECKS PAYABLE TO: West High School
MORE INFORMATION: **PHONE:** (254) 826-7515
FAX: (254) 826-7164

GENERAL INFORMATION

Last Name _____ First Name _____ Grade _____
Address _____ Apt# _____
City _____ State _____ Zip _____ Home # _____
Father's Name _____ Work # _____
Mother's Name _____ Work # _____
Emergency Contact _____ Emergency # _____
Insurance Co. _____ Policy # _____
Age: _____ Sport: _____ **T-SHIRT SIZE: M L XL XXL**

RELEASE OF LIABILITY

In consideration of my participation in the West Football Camp, I do hereby, for myself, release and discharge West I.S.D. and all personnel thereof for all claims or damages, demand, action or whatsoever in any manner arising or growing out of my participation at the West Football Camp. I attest and verify that I, without endangering my health, hereby release the West I.S.D. from any liability now or in the future. Including, but not limited to heart attacks, muscle strains, pulls, broken bones, shin splints, heat prostration, knee/lower back or foot injuries or any other illnesses, soreness, or injury caused, occurring during or after my participation in the exercise program. If, in fact, an injury that requires medical attention occurs, I reserve the right for the West Football Camp to take action through medical facilities in the area. The West Football Camp reserves the right to discontinue an athlete's program at any time for any reason. I have read the information in full, and to the best of my ability understand the information above.

SIGNATURE FOR RELEASE OF LIABILITY

Participant: _____ Date: _____
Parent or Guardian: _____ Date: _____