



Usama Young Stay Focused Football Camp Registration Form

Name _____
FIRST MIDDLE LAST

Home Address _____
NO. & STREET CITY STATE ZIP

Home Phone () _____ Cell Phone () _____

Emergency Contact Info

Name _____ Phone # () _____

Address _____
NO. & STREET CITY STATE ZIP

Height _____ Weight _____ Age _____

Position _____ Shirt Size _____

School _____

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of, _____ (participant name), I give my consent for him/her to participate in the Usama Young Stay Focused Football Camp/Clinic. I understand that participation in football, and in related activities (running, jumping, contact with another, etc.) involve certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, or even severe injuries. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp/clinic. I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp/clinic and while traveling to and from the site for the camp/clinic. Knowing these facts and in consideration of my child's participation in the camp/clinic, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the Usama Young Stay Focused Football Camp/Clinic, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp/clinic, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp/clinic, all activities associated with the camp/clinic, and while traveling to and from the site for the camp/clinic.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Prior Injuries or medical conditions? If yes, explain.

Parent Signature date

**Please fax to: (440) 498-1220 or mail to: 34208 Aurora Rd. #250; Cleveland, OH 44139
Call (216)513-5136 FOR MORE INFO**