



13 Black Road, Berlin , VT 05602

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www.vtfootballcamps.com

Camper Name: _____ M/F: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent Name(s): _____
Home Ph #: () _____ Email: _____
Work Ph #: () _____ Cell Ph #: () _____

2010 Vermont All-Star Football Camps

PARENTAL RELEASE FORM & WAIVER OF LIABILITY

My SON / DAUGHTER (circle one),

(Name of Child)

has had a physical exam within the last two years
& is physically fit to participate in the

Check below the name of camp(s), clinic(s) and/or combine(s) your child is attending

SOUTHERN VERMONT ALL-STAR FOOTBALL CAMP, July 12-16, 2010

So. VT QB/Rec Clinic, July 11, 2010 So. VT Combine, July 15, 2010

TRI-STATE ALL-STAR FOOTBALL CAMP, July 19-23, 2010

Tri-State QB/Rec Clinic, July 18, 2010 Tri-St. Combine, July 22, 2010

NORTHERN VERMONT ALL-STAR FOOTBALL CAMP, July 26-30, 2010

No. VT QB/Rec Clinic, July 25, 2010 No. VT Combine, July 29, 2010

I authorize the event athletic trainer to act on my behalf according to his/her best judgement (including immediate medical attention and/or transportation to an area medical facility) in the event of any emergency and I cannot be contacted. I also authorize area hospital medical personnel to act on my behalf in the event of any emergency requiring transport to a medical facility and I cannot be contacted. Furthermore, I understand that participation in the sport of football carries inherent risk of physical injury. I furthermore agree to absolve Vermont All-Star Football Camps, their employees & independent contractors, the High School or College upon whose property the event(s) is/are held of any liability resulting from injury, catastrophe, death or other distress incurred while participating in the chosen event(s).

SIGNATURE OF PARENT OR GUARDIAN

DATE