

**REAL DEAL CAMP AND COMBINE AND 92 BLESSINGS
FIRST ANNUAL FOOTBALL CAMP AND COMBINE**

Name: _____ Date of Birth: _____

Address: _____

Parent(s) Names(s): _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

T-Shirt Size: (Circle One) (Adult Sizes) S M L XL XXL

Medical Release:

I/we, the undersigned individual and as parent(s) or guardian(s) of _____, a minor, ask that he be admitted to participate in this football camp sponsored by Real Deal Camp and Combine and 92 Blessings. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless Real Deal Camp and Combine and 92 Blessings, its officers, agents, and employees of, including the camp coaching staff, from all causes liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the minor arising out of the minor's attendance at this football camp or in the course of competition and/or activities held in connection with this football camp. I also hereby authorize the coaches of the Real Deal Camp and Combine and 92 Blessings Football Camp to use pictures taken of my son on any promotional mediums such as, but not limited to, websites and brochures. The coaches of the Real Deal Camp and Combine and 92 Blessings are acting as independent agents.

I HAVE CAREFULLY REVIEWED AND VOLUNTARILY AGREE TO THE TERMS OF THIS CAMP WAIVER AND RELEASE OF LIABILITY AGREEMENT.

Parent/Guardian Signature (Required)

Camper's First/Last Name (Please Print)

Parent/Guardian (Please Print Full Name)

Date

Medical Consent and Treatment/Release
(to be completed and signed by parent/guardian)

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may promptly occur. However, no operation will be performed, except in emergency situations, without parents being contacted and fully informed. I give permission for such diagnostic, therapeutic and operative procedures as may be deemed necessary for my son. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

MEDICAL HISTORY

Is there a known history of: Circle One

- | | | |
|---|-----|----|
| A. Birth Deformities (one eye, kidney, etc.) | Yes | NO |
| B. Medical conditions currently under treatment | Yes | NO |
| C. Preexisting injury currently under treatment | Yes | NO |
| D. Fractures of other disability type injuries | Yes | NO |
| E. Allergy (drugs, food, asthma, etc.) | Yes | NO |
| F. Mental disorder or convulsions | Yes | NO |
| G. Known past illness of more than one week | Yes | NO |
| H. Contact lens or glasses | Yes | NO |

Explain above questions answered "yes"

I hereby state that the Real Deal Camp and Combine and 92 Blessings is not responsible for any preexisting injury or illness of the above camper prior to the first day the camper registers.

Signature (Parent/Guardian)

Camper's First/Last Name

Please Print Full Name of Parent/Guardian

Date

Emergency Contact Person

Phone Number