



REISTERSTOWN MUSTANGS FOOTBALL CAMP

**GO HARD
OR
GO HOME**



**CAMP DIRECTOR: ANTHONY BURGOS
HEAD FOOTBALL COACH, FRANKLIN HIGH SCHOOL**

**DATES: July 12-16, 2010 TIME: 5:30pm-8:00pm
COST: \$80 1st CHILD, \$70 2nd CHILD, \$60 3rd CHILD**

QUESTIONS: 410-833-1478 OR eddy204@aol.com

CAMP REGISTRATION (PRINT CLEARLY)

PARTICIPANT #1 NAME: _____ **PARTICIPANT #2 NAME:** _____
PARTICIPANT #3 NAME: _____ **PARENT(S) NAME:** _____
STREET ADDRESS: _____ **CITY, ST, ZIP:** _____
PHONE: _____ **CELL PHONE:** _____ **E-MAIL:** _____

COMPLETE CAMP REGISTRATION AND WAIVER/RELEASE AND RETURN BY JULY 9th TO:

LIZ MILLER, 7 WHITE BIRCH COURT, REISTERSTOWN, MD, 21136

RETURN ASAP TO RESERVE A SPOT (WALK IN'S WELCOME)

MAKE CHECKS PAYABLE TO: RRC-FOOTBALL CAMP

WAIVER/RELEASE FORM

I, _____ (PRINT PARENT/LEGAL GUARDIAN'S NAME) DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES THAT MAY HAVE OR WHICH HEREINAFTER OCCUR TO ME AGAINST FRANKLIN HIGH SCHOOL, A BALTIMORE COUNTY PUBLIC SCHOOL. I CONFIRM THAT MY CHILD'S HEALTH MEETS MEDICAL STANDARDS TO PARTICIPATE IN AN INSTRUCTIONAL FOOTBALL CAMP THAT FOCUSES ON THE FUNDAMENTALS OF FOOTBALL. I UNDERSTAND THAT EVEN THOUGH THIS IS A NON-CONTACT FOOTBALL CAMP, INJURIES CAN STILL OCCUR. I FURTHER UNDERSTAND THAT NEITHER THE CAMP DIRECTORS, STAFF, FRANKLIN HIGH SCHOOL NOR BALTIMORE COUNTY PUBLIC SCHOOLS SHALL BE HELD RESPONSIBL FOR ANY ACCIDENTS OR MEDICAL INJURIES THAT MAY RESULT FROM THE TRAINING OR PARTICIPATION IN THE NEW ERA ALL-PURPOSE FOOTBALL CAMP.

I GIVE PERMISSION AND APPROVAL FOR _____ (PRINT PARTICIPANT'S NAME) TO PARTICIPATE IN THE NEW ERA ALL-PURPOSE FOOTBALL CAMP AND I GIVE THE DIRECTORS AND STAFF OF THE NEW ERA ALL-PURPOSE FOOTBAL CAMP MY PERMISSION TO ACT ON MY BEHALF IN SECURING EMERGENCY MEDICAL ATTENTION TO THE ABOVE NAMED PARTICIPANT FROM A LICENSED PHYSICIAN OR HOSPITAL SHOULD THE NEED ARISE. THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED PARTICIPANT HAS READ AND UNDERSTANDS AND AGEES TO THE ABOVE TERMS. **LIST ANY MEDICAL/HEALTH PROBLEMS & A LIST OF MEDICINE YOU WILL BE SUPPLYING IN A LABELED ZIPLOCK BAG:**

PARENT/LEGAL GUARDIAN SIGNATURE

This program is designed to provide a healthy and enjoyable leisure experience for your child. However, it is not designed to provide child care. Therefore, parents are encouraged to discuss attendance expectations with their children. *Department staff and volunteers cannot detain youth wishing to leave at any time.* Should you require special accommodations (i.e. sign language interpreter, large print, etc.) please give as much notice as possible by calling the therapeutic office at 410-887-5370 (voice) or 410-887-5319 (TT/Deaf). Reisterstown Recreation Office, Room 205, Hannah More Academy, 12035 Reisterstown Road Reisterstown MD 21136-3042 • M-F 9a-3p • 410-887-1142 Fax 410-517-2123 • email reisterstown-rp@baltimorecountymd.gov Baltimore County Rec. website: <http://www.baltimorecountymd.gov/Agencies/recreation/index.html> Reisterstown Recreation website: <http://reisterstownrec.com>

Baltimore County Department of Recreation & Parks and the Reisterstown Recreation Council