

KICKING & PUNTING ESSENTIALS KICKING CAMP

2008 Camp Registration Form

Name:	
Home Address:	
City, State, ZIP Code	
Telephone:	
Age and Graduation Year:	
E-mail Address:	
School Name:	
School Address:	
School City, State, ZIP Code	
Head Coach:	
Circle one or more:	Soccer Style Kicker Straight On Kicker Punter Holder
How did you hear about the Kicking & Punting Essentials Kicking Camp?	Newspaper Your Coach Another Camper Internet Radio TV Other
Participant's Medical Plan:	
Participant's Medical Insurance #:	

<p>Legal Release:</p>	<p>My child has permission to attend the Kicking & Punting Essentials Camp. I will notify K&PE if my child is on medication or is restricted in any way from participating in all activities. In the event of any emergency in which my child requires medical care, I authorize the staff to act for me and obtain whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with attendance at camp.</p> <p>I acknowledge that at K&PE kicking camps my child will participate in a sport that may involve among other things, physical contact with the body with other persons or objects, including the ground, that at the K&PE kicking camps my child may incur a risk of injury. I specifically waive and give up and release Kicking & Punting Essentials, its owners and staff, the owners, trustees and staff of the premises on which the K&PE kicking camp is held from liability for any claim for damages which I or my child may have for injuries or illness that may be sustained at the K&PE kicking camp.</p> <p>I authorize K&PE to use any photographs or articles about my child for publicity purposes.</p>
<p>Parent / Legal Guardian Signature:</p>	
<p>Date:</p>	