



FURY PERFORMANCE TRAINING CAMP/CLINIC REGISTRATION FORM

Players Name

Parent's Name

Player's Address

City

Zip

Cell Phone

Email

Player's Age

Years of Experience

T-Shirt Size:

YM

YL

AS

AM

AL

AXL

I hereby release and hold harmless the Fury Performance Youth Football Camp and Cherokee Recreation and Parks Association, including trustees, employees, volunteer workers, agents, and assigns from any and all liability, damage, claim of any nature whatsoever arising out of it in any way related to my child's participation in this youth camp. Participating in any activity is an acceptance of some risk and injury. Despite precautions, accidents and injuries may occur and injury and or loss or damage to personal property may occur as a result of participation in this youth camp. Therefore, I assume all risks related to the activities. In case of an emergency and if I cannot be reached, I do hereby authorize a representative of the Fury Performance Youth Football Camp to consent to any medical or care deemed advisable.

I have read and agree to comply with the above statement. My signature below indicates I have read, understood and freely signed this agreement, which shall take effect as a sealed instrument. I expressly agree that this agreement shall be construed and enforced in accordance with Georgia law, and I consent to the jurisdiction of said state. I agree that this waiver and release is intended to be as broad and inclusive as permitted under Georgia law so that if any portion hereof is held invalid the balance shall continue in full legal force and effect.

Parent/ Guardian Signature

Date

Emergency Contact name

Emergency Contact Number