

**JUSTIN SNOW'S 2010 FOOTBALL CAMP FOR KIDS  
REGISTRATION & RELEASE FORM**

**EACH PARTICIPANT MUST HAVE A SIGNED RELEASE FORM WITH THEM  
WHEN THEY CHECK IN OR THEY WILL NOT BE ALLOWED TO PARTICIPATE**

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: / / MALE / FEMALE

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: CHILD WILL BE TAKEN TO THE NEAREST EMERGENCY ROOM IN THE  
EVENT OF A MAJOR ILLNESS OR INJURY.**

Please describe any special needs, precautions your child may have or activities you

**DO NOT** wish your child to participate in: \_\_\_\_\_

\_\_\_\_\_

We do hereby indemnify, release and hold harmless Justin Snow, family and descendants, camp associates, facility owners, coaches or volunteer staff from injury, accident or liability of any kind or character whatsoever which may occur to said minor by reason of such minor's participation in this camp or presence on or off the premises provided by Abilene ISD and/or Abilene Christian University, camp staff, coaches, agents and/or volunteers from any and all liability of whatever nature, and hereby expressly waive any claim demands or causes of action against Justin Snow, family and descendants, volunteers, camp associates, coaches and staff.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date: / / 2010

WHEN: SATURDAY, JUNE 12, 2010

WHERE: **ACU PRACTICE FIELDS / TEAGUE CENTER**

TIME: 9:00 AM - 12:00 PM (Please arrive by 8:30 am)

AGES: 6 - 18

**Please print, fill out entirely, sign and bring with you to the camp.**