

**PARENTAL CONSENT & MEDICAL RELEASE**  
*REQUIRED*

To be submitted at check-in July 26

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Player Name \_\_\_\_\_ School \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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Birthdate \_\_\_\_\_ Grade entering Fall 2010 \_\_\_\_\_

I hereby authorize the directors of the Liberty Football Camp to act for me according to their best judgement in any emergency medical situation. I hereby waive, release, exonerate and discharge the camp and its employees from any or all actions or causes known or unknown, from any injuries incurred in camp or on the way to camp. Costs for treatment of injuries and hospitalization for illness or injuries incurred during the sports camp will be the responsibility of the parent or guardian of the participant. Any insurance carried by the parent or guardian may be used to defray such medical and hospital costs. I certify that my child has no injury or illness which would limit his participation in camp.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Emergency Contact Phone \_\_\_\_\_



**LIBERTY FOOTBALL CAMP 2010**