



17th Annual Westview Youth Football Camp

August 9-12th, 2011

Contact: Greg Fisher, Head Football Coach, greg_fisher@beavton.k12.or.us, (971) 570-5257

Camper Information

Please Print!

Player's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Emergency Phone: _____

2011-2012 School Year Information

Grade: _____

School: _____

Age: _____ (as of 8/1/11)

Medical Treatment Consent & Liability Release

I hereby authorize the Westview Football Camp Director and the camp staff to act for me according to their best judgment in any emergency situation requiring medical attention and hereby waive and release Westview Football, Westview Youth Football, the camp director and camp staff from any and all liability resulting from injuries or illness incurred by the above mentioned player while at this camp.

Signature of Parent or Guardian: _____

Date: _____