



MONTFORD MUSTANG FOOTBALL CAMP REGISTRATION FORM

Name of Camper (Last) _____ **(First)** _____

Parent/Guardian Name: _____

Parent/Guardian Cell: _____

Parent/ Guardian Email: _____

Fall 2024 Grade Level: 6th _____ 7th _____ 8th _____

T-Shirt Size: YM ____ YL _____ S _____ M _____ L ____ XL ____

Payment Method: Check _____ Money Order _____

Parental Waiver: I do hereby release any and all personnel relating to Leon County Schools & Montford Mustang Football Camps from any liability and/or damages as a result of participation in this camp. I also waive all rights of entitlement concerning such loss. Montford Mustang Football Camps and its coaches are not responsible for any lost, damaged, or stolen personal items.

If you suspect that an athlete has a concussion, remove them from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play until a medical professional says they are symptom free and are OK to return to play.. Exercising or activities that involve a lot of concentration (studying, computers, video games) may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional. I(we), hereby acknowledge having received education about the risks of sport related concussion as provided in the information above. I also acknowledge my responsibility to report to my coaches, parent(s) / guardian(s) any signs or symptoms of a concussion.

Parent Signature: _____ **Date:** _____