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**2017 Summer Camp Camper Waiver & Release Form**

AZ Elite Camps Camper Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Camp Camper will be attending (please chose an option below):

\_\_\_ AZ Elite Camps - Football: Session I (June 11 – June 14)

\_\_\_ AZ Elite Camps – Football: Sesion II (June 14 – June 17)

\_\_\_ AZ Elite Camps – Football: Both Session I & Session II (June 11th – June 17th)

PLEASE CAREFULLY READ THIS ENTIRE WAIVER & RELEASE FORM

REFUNDS: A $200 non-refundable deposit is required at the initial registration and the balance is due on or before March 1st. No refunds will be issued after March 1st. The full fee is due for registrations after March 1st.

GENERAL RELEASE AND CONSENT

I/we the undersigned parent(s) or guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/are aware that the activities planned for my/our child while at camp include: football drills and other football associated activities. I/we do hereby give permission/consent for my/our child to participate in all camp related events and to hold harmless and release AZ Elite Camps, any rented camp facility, it’s agents, assigns, employees, and volunteer assistants from any and all liability whatsoever arising out of injury, sickness, claim, cause of action, expense, or damage which may be sustained by my/our child during the course of his/her stay at camp.

PHOTOGRAPHY/AUDIO/VIDEO STATEMENT AZ Elite Camps may take photographs or make audio/video recordings of campers and/or adults involved in camp activities to be used in future promotional materials. Each Camper consents to the use of any photographs, audio or video recordings and grants permission to AZ Elite Camps to take such photographs and for use them in promotional activities and materials.

\_\_\_\_\_\_\_\_\_ Parent / Guardian Initial if you/we agree to/with the statement above

CAMP AGREEMENT

I/we understand and have explained to my/our child that his/her attendance at this camp is a privilege, not a right, and is conditioned on his/her acceptable behavior. I/we realize that camp is something that will substantially benefit my/our child, and behavior that contravenes the following guidelines may result in his/her dismissal from camp. In consideration of the benefits of this camp to my/our child (camper) and other good and valuable consideration, receipt of which is hereby acknowledged, I/we agree to the following: (camper and parent/guardian must initial next to each statement)

Camper Parent

 \_\_\_\_\_ \_\_\_\_\_ Campers will abide by all camp regulations.

\_\_\_\_\_ \_\_\_\_\_ Campers are not permitted to leave the campgrounds without the Director’s consent.

\_\_\_\_\_ \_\_\_\_\_ Camper (and his/her parent/s) will be held accountable and responsible to pay for any destruction of property he/she causes.

\_\_\_\_\_ \_\_\_\_\_ Campers are required to attend all meals, classes and activities.

\_\_\_\_\_ \_\_\_\_\_ AZ Elite Camps is not responsible for the loss or theft of any personal property. Items of value should not be brought to camp.

\_\_\_\_\_ \_\_\_\_\_ This is a closed camp. No visitors or special guests will be allowed without approval from the AZ Elite Camps while camp is in session.

\_\_\_\_\_ \_\_\_\_\_ Campers breaking any rules or participating in any violent conduct towards another will be removed from all activities. Parents will be contacted to immediately pick up camper. No refund will be provided.

**Medical Consent** If it should become necessary for my/our child to receive medical treatment for any reason, I/we also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event. In addition, I/we authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my/our child’s health, and it is not advisable to take the time to contact me/us in advance. I/we waive my/our right to informed consent for such treatment and grant permission to an authorized representative of the AZ Elite Camps to authorize reasonable medical care for my child if necessary. \_\_\_\_\_\_\_\_\_ Parent/ Guardian initial if you/we agree to/with the statements above

I/we give my/our permission at the trainer’s direction, to administer (please mark the applicable box/s): Acetaminophen (such as Tylenol) Ibuprofen (such as Advil) Antacid (such as Tums) Anti-diarrhea (such as Pepto Bismol) Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child’s name).

Moreover, I/we understand that temporary emergency measures may be necessary to safeguard my/our child’s health, and do hereby authorize and request AZ Elite Camps personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my/our child can be safely transported to a doctor or hospital and I authorize reasonable medical care for my child if necessary.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2017

Parent or Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your camp registration will be considered incomplete until this form is completed and returned via email to AZEliteCamps@gmail.com