

JR THUNDERBIRDS

FOOTBALL & CHEER CAMP



Registration Form

AGES 4 thru 13 YRS

www.jrthunderbirds.com

Or mail to PO Box 616 Converse TX 78109

Phone: 210-267-9083

Fax: 210-267-9083

Email: info@jrthunderbirds.com

Must sign a waiver before attending camp

ATHLETE NAME:

Parent/Guardian Name.....

Address

Home Phone: **Mobile**.....

Email Address

Birth Date **Age on 8/1**.....

I, _____ the Guardian of the above named child, hereby give my approval to his/her participation in Jr Thunderbird Football/Cheer activities during the football camp. I understand that football as well as cheerleading is a dangerous sport that may result in serious injury or even death believe to the best of my knowledge that he/she can withstand the rigors of a football or cheerleading camp. I, the Parent/Guardian, believe there is nothing physically/mentally wrong with my child. I, the Parent/Guardian, hereby give my approval to my child to participate in the upcoming season without a physical examination. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the Jr Thunderbirds, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.

Parental Medical Treatment Authorization: In the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I have read and understand all of the information on this document. My signature confirms my understanding.

Parent Signature Date.....

Skills and Drills Camp