

CAMP REGISTRATION/ LIABILITY WAIVER FORM

CAMPERS NAME _____

ADDRESS _____

CITY _____ ZIP _____

PARENT EMAIL ADDRESS _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NUMBER _____

DOES CAMPER HAVE ANY MEDICAL ISSUES OR PREVIOUS INJURIES _____

IF YES, PLEASE EXPLAIN _____

INCASE OF AN EMERGENCY WOULD YOU LIKE US TO SEEK MEDICAL CARE?
(CIRCLE ONE) YES OR NO

PHYSICIAN _____ PHONE _____

LIABILITY WAIVER: I am aware that participation in the Absolute Strength Sports Performance and Fitness Strength and Conditioning Camp has some inherent risk and injury can occur. On rare occasions, these injuries can be serious. In consideration of my child participating in the Strength and Conditioning Camp, I, the parent/guardian assume all the risk of all injuries and agree not to sue Absolute Strength Sports Performance and Fitness LLC, the camp directors, assistance coaches, landlord, or volunteers for any and all injuries caused by or result by participating in the Absolute Strength and Conditioning Camp. By signing this waiver, I also authorize the use of pictures of the above named participant to be posted on the Drive SRQ website or any advertising media published by Absolute Strength Sports Performance and Fitness LLC.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____