



# 7th Annual Future Warrior Camp Registration Form



## Player Information:

School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Name: \_\_\_\_\_

TShirt Size:

Address: \_\_\_\_\_

Children S M L

\_\_\_\_\_

Adult S M L XL

Phone: \_\_\_\_\_

Offensive Position: \_\_\_\_\_

Defensive Position: \_\_\_\_\_

## Hold Harmless Agreement:

I, \_\_\_\_\_, wish my son/daughter to participate in the Future Warrior Camp which is provided and organized by Centaurus Football. I realize there are certain dangers related to participating in the camp and hereby state and affirm as follows:

- 1) I understand and agree that I personally assume all risks in connection to the camp, and hereby release and hold harmless Centaurus High School and all their employees, officers, and agents from any liability for harm, injury, death or other damage which I suffer during this camp or during transportation to and from this camp.
- 2) I as a parent or legal guardian fully understand the terms in the release are contractual and not a mere recital.
- 3) I as a parent or legal guardian for a minor participating in this camp have the legal authority to execute this release and assumption of risk form.

I have fully informed myself of the contents of this release statement by reading it before I signed it.

Parent/Guardian Signature: \_\_\_\_\_

## Family Health Insurance Information:

Policy Holder (print name): \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Emergency Contact #2: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

Return completed form and \$25 to:  
Coach Chad Senseney, Future Warrior Football Camp  
c/o Centaurus High, 10300 South Boulder Rd, Lafayette, CO 80026