

THE
FOOTBALL CAMP



OF
CHAMPIONS

Football Fundamentals and Skills

July 19-21, 5:30-8:00, 2022



MRA FOOTBALL CAMP OF CHAMPIONS

Registration Form (grades upcoming 1-6)

Name: _____

Phone: _____

Grade: _____

Coach's Name: _____

T-Shirt Size: (circle one)

S M L XL 2XL 3XL 4XL

Registration: Make checks payable to . . .

Herbert Davis

234 Northbay Dr.

Madison, MS 39110

Contacts: For more information please contact

Herbert Davis (601-754-8595)

Certificate of Release

For the consideration of being permitted to participate in the Gridiron Camp of Champions, and in consideration thereof, the undersigned hereby release and forever discharges, camp directors, camp coaches, and Southwest Mississippi Community College of their officers, athletic training staff, agents and assigns of each of them who might now, or in the future, liable or alleged to be liable from all crimes, demands, damages, and actions, causes of actions or suits of any kind or nature whatsoever, in connection with any and all injuries, illnesses, infirmities, and disabilities, known, and unknown that are presently existing or previously have been suffered by the undersigned and which may become aggravated or re-injured or which may occur as a result of preparation and participation in the said Gridiron Camp of Champions.

The undersigned hereby declares that the terms of this release have been read and are carefully understood and voluntarily accepted. It is understood that the provisions hereof shall be binding on the undersigned and his heirs, personal representatives, and assigns.

I, _____ hereby grant the trainers, team physicians, therapists, technicians, and consultants of the FOOTBALL CAMP OF CHAMPION and MRA to render me any emergency care or other medical or surgical care that might be deemed necessary to insure proper care of any injuries / illness and maintain my health and well being. In the absence of the team or authorized physician, I grant permission to a qualified physician to furnish emergency care using the guidelines above. Also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

Date: _____

Athlete's Date of Birth: _____

Parent's Signature: _____