



## YUMA CATHOLIC HIGH SCHOOL



## **REGISTRATION-DISCLAIMER FORM**

Name:	Contact	Phone:		
Address:		_City:		
State:Grade in School (Fall 2	9923):Age:		/	
Parent Email:				
Medical Conditions:				
Medications Being Taken:				
Emergency Contact:	Relationship:	Phone:		
Current School:				
Positions Played (Check all that apply):	QB RB	TE OL	WR	
My child has permission to attend the 2023 YCHS Shamrock A knowledge of any physical impairment that would effect or cy in which my child requires medical care, I authorize the treatment that the staff, in its best judgement, deems need that my child will participate in a sport that may involve jects, including the ground. I specifically waive and give damages which may be sustained at the Camp.	be effected by my child be staff of the Camp to essary and appropriate. , among other things, p	's participation in the act for me and to obtain I specifically consent hysical contact of the b	Camp. In the event of an e for my child whatever med to such treatment. I ackno ody with other persons or	dical owledge ob-
Parent/Guardian Signature:		Date:/	/	