



YUMA CATHOLIC HIGH SCHOOL

SHAMROCKS

FOOTBALL CAMP

REGISTRATION-DISCLAIMER FORM

Name		Contact Phone	
Address		City	State Zip
Current School	Grade (Fall 2025)	Age	Date of Birth
Medical Conditions			
Current Medications			
Emergency Contact		Relationship	Phone
Parent Email		Positions Played (Circle all that apply)	
		QB	RB TE OL WR
Parent/Guardian Signature		Date	

My child has permission to attend the 2025 YCHS Shamrock Advantage Football Camp (referred to hereafter as "the Camp"). In the event of an emergency in which my child requires medical care, I authorize the staff of the Camp to act for me and to obtain for my child whatever medical treatment that the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment. I acknowledge that my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground. I specifically waive and give up and release the Camp sponsors and staff from all liability for any claim for damages which may be sustained at the Camp.