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**Name | Contact Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_**

**Address | City | State | Zip**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current School |Grade (Fall 2025)| Age | Date of Birth**

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**Medical Conditions**

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**Current Medications**

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**Emergency Contact | Relationship | Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Positions Played**

**Parent Email (Circle all that apply)**

**QB RB TE OL WR**

**My child has permission to attend the 2025 I-8 Football Prospect 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.**

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**Parent/Guardian Signature | Date**