

Please print clearly:

First Name:

Last Name:

Camper's Name:

Grid for Camper's Name

Street:

Grid for Street

Apt. #:

Grid for Apt. #

City:

Grid for City

State:

Grid for State

Zip Code:

Grid for Zip Code

Home Phone:

Grid for Home Phone

Cell Phone:

Grid for Cell Phone

E-mail Address:

Grid for E-mail Address

Emergency Contact:

Grid for Emergency Contact

Relationship to Camper:

Grid for Relationship to Camper

Phone Number:

Grid for Relationship to Camper Phone Number

Doctor's Name:

Grid for Doctor's Name

Phone Number:

Grid for Doctor's Name Phone Number

Health Insurance Co.:

Grid for Health Insurance Co.

ID#:

Grid for ID#

EXPERIENCE:

Years of football experience:

Grid for Years of football experience

Flag Football:

Grid for Flag Football

Tackle Football:

Grid for Tackle Football

No Football Experience:

Grid for No Football Experience

I Plan to Play High School Football:

Grid for I Plan to Play High School Football

BIRTHDATE:

Grid for BIRTHDATE

SCHOOL ATTENDING IN THE FALL:

Grid for SCHOOL ATTENDING IN THE FALL

This waiver / release of liability must be signed, dated and in the possession of the City of Springfield Athletic Director before the camper begins participation. Campers without a signed and completed waiver will not be allowed to participate.

Parental / Guardian consent: I am the parent or legal guardian of the above named applicant and verify that he / she is in good health and has my permission to participate in the 2010 Springfield Public Schools / New England Patriots Alumni Club / The New England Patriots Charitable Foundation Football Clinic including the NFL Punt, Pass, and Kick competition.

In return for my child being allowed to participate in the Clinic, I agree to indemnify and hold harmless the City of Springfield, Springfield Public Schools and any individual working on behalf of the Springfield Public Schools, the National Football League, its member professional football teams specifically including but not limited to the New England Patriots football team, NFL Properties LLC, NFL Ventures LP, New England Patriots LP, NPS LLC, NEPAC, Inc., Foxboro Realty Associates LLC, and their respective divisions, members, partners, owners, directors, employees, shareholders, subcontractors, sponsors, attorneys, agents, representatives and affiliates and all their successors and assigns, and all others in any way associated with the Clinic from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Event and caused by the ordinary negligence or gross negligence of any of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Clinic, even if caused by any of their ordinary negligence or gross negligence. I understand that participation in the Clinic involves certain risks, including, but not limited to, serious injury and death. I am voluntarily allowing my child to participate in the Clinic with knowledge of the danger involved and agree to accept all risks of participation in the Clinic and all related activities.

I give my consent for my child to be administered first aid and / or treated by an emergency medical technician / paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Springfield Hospital is authorized.

I hereby give consent for my child to be interviewed and / or photographed by the media. I further agree to let the above parties use my child's name, photo, likeness, and demographic information free of charge in any manner and for any purpose in any media now known or hereafter created.

I understand that this document is intended to be as broad and inclusive as permitted by the law of the state in which the Clinic is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

Please print clearly:

First Name:

Last Name:

Parent or Guardian:

Grid for Parent or Guardian

X _____ Date _____

To reserve a spot in the clinic: Registration MUST be postmarked by June 18, 2010. You may register by dropping off or mailing your application to: Mike Martin, Springfield Public Schools, 195 State Street, Springfield MA 01102 If you have any questions contact 413-787-7126