

Grade _____
G / B

August 17 - 21

Windsor Locks Park and Recreation

Office Use
Date _____
Cash / Check # _____
\$ _____

2020 Qua-Lity Football Camp

*This camp is for players in **Grades 3 through 8***

\$100.00 per child

CHILD'S NAME _____ GRADE _____
(in Fall, 2015)

ADDRESS _____ AGE ____ D.O.B. _____

PARENT'S NAME(S) _____ PHONE _____

EMAIL _____ ALTERNATE PHONE _____

Please list any medical problems, allergies or special assistance that staff should be made aware of regarding your child as a participant in this program:

I certify that the above information is true:

(PARENT OR GUARDIAN SIGNATURE) (DATE)

LIABILITY WAIVER

Know that I, _____ of Windsor Locks, hereby give my son / daughter (please circle one)

_____ permission to participate in the town of Windsor Locks **Qua-Lity Football Camp**. In consideration for my child's ability to participate in the **Qua-Lity Football Camp**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Qua-Lity Football Camp**.

I certify that the above statements are true:

(PARENT OR GUARDIAN SIGNATURE) (DATE)