

★ ALL COUNTY ★

FOOTBALL CAMP

WAIVER FORM

Release For Medical Treatment
Registration will not be complete
until this form is returned.

Name: _____

Address: _____

Email: _____

Telephone: (H) _____

(W) _____

Allergies: _____

Special Needs: _____

Emergency Contact: _____
(Other than parent, guardian)

Telephone: _____

I have adequate medial coverage and insurance and give my son permission to attend Marc Petroccio's All County Football Camp. We or I agree to hold harmless and indemnify Marce Petroccio's All County Football Camp, employees and volunteers for any claim which may hereafter be presented by our (or my) son as a result of injuries incurred during the camp unless caused by the camp, employees, or volunteers. In addition, our (or my) son understands all the rules and regulations of the All County Football Camp and promises to adhere to them. Marce Petroccio All County Football Camp reserves the right to use any photos of coaches or campers taken while in session for promotional purposes.

Parent's
Signature: _____

Date: _____

For more information contact:
Marce Petroccio at: 203-341-1269

Mail to:

All County Football Camp
78 Harvey Rd., Ridgefield, CT 06877