



BYFL DAWG POUND CONDITIONING CAMP

Participant Information:

Full Name: _____ T-Shirt Size: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information:

Parent 1/Guardian 1 Full Name: _____

Phone Number: _____

Parent 2/Guardian 2 Full Name: _____

Phone Number: _____

Interested in helping run the camp as a volunteer? YES / NO (circle one)

Medical Information:

Family Doctor: _____

Phone Number: _____

Hospital Preference: _____

Emergency Contact: (if parents/guardians cannot be reached)

Full Name: _____

Phone Number: _____

Allergies (if any): _____

Medical Conditions (if any): _____

Please Initial:

_____ The BYFL has my permission to use my child's image.

_____ I give my consent for medical treatment of my child if I am unavailable for any emergency need during the season.

I, the parent/guardian of the child named above, hereby give my consent and approval for my child to participate in all of the activities of the BYFL during the season. I do further hereby release, absolve, indemnify, and hold harmless, the organizers and sponsors and hereby waive all claims against the organizers and sponsors or any of the supervisors appointed by them. I waive, to the extent not covered by liability insurance, any claims against any person transporting my child to or from BYFL activities. I certify that my child is in good health and is physically able to participate in all BYFL activities.

Signature of Parent/Guardian: _____

Date: _____