

# 2023 Kansas City Youth Football Camp Registration Form

**Personal Information:** To be completed by the camper's parent/guardian. This form must be signed by a parent/guardian and mailed along with the camp enrollment fee to the following address:

**Kansas City Youth Football Camp**  
735 North Chestnut Ave.  
Kansas City, MO 64120

Camp Enrollment Price before 06/01/2023 \$100.00  
Camp Enrollment Price after 06/01/2023 \$125.00  
[www.kcfootballcamp.com](http://www.kcfootballcamp.com)

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age as of 06/12/2023: \_\_\_\_\_ 2023-2024 Grade Level: \_\_\_\_\_

Current School: \_\_\_\_\_ Anticipated High School: \_\_\_\_\_

If you have played football before: LEAGUE: \_\_\_\_\_ TEAM: \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**T-Shirt Size (Circle One):** Youth – S M L XL **Adult – S M L XL** **Who Does Camper Live with? (circle one)**

BOTH MOTHER FATHER OTHER

## **Medical Insurance Information:**

- I **DO NOT** have medical insurance that covers my son and I agree to be fully liable for any and all medical cost incurred for treatment.
- I **DO** have medical insurance for my son and I agree to be responsible for all costs that my medical insurance does not cover.

Camper's primary insurance company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Policy holder's name: \_\_\_\_\_ Relationship with camper: \_\_\_\_\_

Policy/membership number: \_\_\_\_\_ Group name/number: \_\_\_\_\_

Effective date of coverage: \_\_\_/\_\_\_/\_\_\_ Comments: \_\_\_\_\_

I have read and I fully accept the terms and conditions described in the Camp Flyer and on website (<http://www.kcfootballcamp.com>) including the cancellation and refund policy. I understand that the Kansas City Youth Football Camp, Kansas City Athlete Training and the camp staff will do everything in their power to avoid any injury to all campers. I am fully aware that playing or practicing football or any sport involves risk of injury/illness. I understand that because of the nature of the sport contact and physical exertion will occur during this camp and that injury during practice at camp because of contact or physical exertion is possible. In return for my child ("Participant") being allowed to participate in the camp, I release and agree not to sue any of the campers at the camp, Kansas City Youth Football Camp, and their staff members, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the camp and caused by the ordinary negligence 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 camp, even if caused by their ordinary negligence. I understand that participation in the camp involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Participant to participate in the camp with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the camp. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the camp and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the camp is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on me and the Child.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*If paying by check, please make checks payable to the Kansas City Youth Football Camp.*

[www.kcfootballcamp.com](http://www.kcfootballcamp.com)