THE 13th ANNUAL LAKE TAHOE FOOTBALL CAMP

June 27-30, 2026

REGISTRATION /MEDICAL INSURANCE WAIVER FORM

THIS FORM MUST BE COMPLETED, SIGNED, AND BROUGHT TO THE 1ST DAY OF CAMP. CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE IN CAMP WITHOUT THIS FORM.

CAMPER NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ COACH'S NAME: _____

TEAM: VARSITY / JV/ FRESHMAN (CIRCLE ONE)

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ PARENT CELL PHONE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO CAMPER: _____

EMERGENCY PHONE NUMBER: _____

Permission for Emergency Medical Treatment/Medical Insurance

I confirm that my camper is healthy enough to participate in Lake Tahoe Football Camp. I have medical insurance on my camper and will provide coverage while he is participating in the camp. In the event of a medical emergency, if I am not available, I authorize the camp director or his designee to seek medical attention for my camper, and to execute consent orders to authorize emergency medical treatment for any medical procedures that may be required.

Policy Holder's Name _____

Insurance Company _____ Policy # _____

(I do not have medical insurance and take the responsibility of medical expenses on my own_____. Initial)

Assumption of Risk, Waiver of Liability

I am aware of the dangers involved in participation in the physical activities of the Lake Tahoe Football Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Lake Tahoe Football Camp involves competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body, including the risk of concussions. For more information about concussion risk, including, but not limited to information such as: prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion, please visit: https://www.cifstate.org/sports-medicine/concussions/index.

Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless Lake Tahoe Football Camp, LLC. including its directors, independent contractors, coaches, volunteers, physicians and other practitioners of the healing arts; Lake Tahoe Community College; and anyone else associated with Lake Tahoe Football Camp, LLC. from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgement and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature **Parent/Guardian Signature** **Date**