

# Football Camp for the Stars

## June 7-8, 2024

### Athlete Registration Form - Part 1 of 3

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Mobile Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Athlete Shirt Size: \_\_\_\_\_

Does Athlete Plan to Attend Banquet? Yes \_\_\_\_\_ No \_\_\_\_\_ Number attending \_\_\_\_\_

We consent to and authorize Valley Christian Schools (VCS) and/or Football Camp For The Stars (FCFTS) to use any photographs and/or audio/video of the athletes in yearbooks, newspapers, books or any other form of promotional material including, but not limited to, web pages or other social media on the internet.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**To register please return all 3 signed forms and a check for \$75  
Payable to: Football Camp For The Stars**

**Address:  
Football Camp For The Stars  
Valley Christian Schools  
100 Skyway Drive  
San Jose, CA 95111-3636**

# Emergency Medical Form – Part 2 of 3

Athlete Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Is he allergic to any medication? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Is he allergic to bee/insect bites? \_\_\_\_\_ If yes, what action should be taken? \_\_\_\_\_

## Chronic, Recurring and Special Health Conditions\*

(check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Arthritis (rheumatoid)                      | <input type="checkbox"/> Head or Spinal injury            |
| <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder    | <input type="checkbox"/> Hearing Impairment               |
| <input type="checkbox"/> Behavioral or Development Problems          | <input type="checkbox"/> Heart Problems                   |
| <input type="checkbox"/> Cerebral Palsy                              | <input type="checkbox"/> Kidney Disease                   |
| <input type="checkbox"/> Cystic Fibrosis                             | <input type="checkbox"/> Muscular Dystrophy               |
| <input type="checkbox"/> Dental Problems                             | <input type="checkbox"/> Seizures                         |
| <input type="checkbox"/> Diabetes                                    | <input type="checkbox"/> Sickle Cell Disease (not trait)  |
| <input type="checkbox"/> Down Syndrome                               | <input type="checkbox"/> Atlanto Axial (Neck) Instability |
| <input type="checkbox"/> Encopresis (involuntary discharge of stool) | <input type="checkbox"/> Visual Impairment                |
| <input type="checkbox"/> Enuresis (involuntary discharge of urine)   | <input type="checkbox"/> Other*: _____                    |

\*Explanation (Please be complete in your explanation and use back of form if necessary):

\_\_\_\_\_

Please indicate any additional medical conditions, physical limitations and medications (use back of form if necessary):

\_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Persons (other than parent) to whom my athlete may be released in the event of illness or emergency:

Name	Contact Phone	Relationship
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Insurance coverage: \_\_\_\_\_

Policy # \_\_\_\_\_ ID # \_\_\_\_\_

**Has the athlete been cleared by a doctor for atlanto axial instability?**

**No \_\_\_ Yes \_\_\_**

**If yes: Name of Doctor \_\_\_\_\_ Date examined \_\_\_\_\_**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement - Part 3 of 3**

In consideration of participation in the Football Camp for the Stars (hereinafter referred to as “Camp”), the undersigned (hereinafter “Releasor”) agrees as follows:

1. I am the parent and/or legal guardian or conservator of \_\_\_\_\_ (print name of person applying to participate in Camp hereinafter referred to as “Participant”). I have the legal authority to enter into this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement (hereinafter the “Agreement”), which constitutes a legally binding agreement, on behalf of Participant. I agree that the opportunity for Participant to attend and participate in the Camp is something of benefit and value both for the Releasor and Participant and constitutes good valuable and sufficient consideration. I understand and agree that my signature on this Agreement will waive certain rights for both myself and Participant.

2. I understand the nature of the Camp’s activities and events (hereinafter referred to as “Activities”) and I hereby represent that Participant is qualified, in good health, and in proper physical condition to participate in such Activities and I give my permission and consent for Participant to take part fully in all Camp Activities. I further represent that I have received clearance from Participant’s medical doctor that Participant is medically allowed to participate in the Activities and that there are no medical limitations on Participant’s ability to participate in the Activities. I acknowledge that if I, and/or Participant and/or any physician treating Participant believe the Activities are unsafe for Participant, I will immediately discontinue Participant’s participation in the Activities.

3. I fully understand that the Camp Activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by Participant’s conduct, by the conduct of others participating in the Activities, by the conditions in which the Activities takes place, or by the conduct of the “Releasees” identified below. I also fully understand and acknowledge that there may be other risks arising from or associated with the Activities either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and all responsibility for losses, costs, and damages that I and/or Participant may incur as a result of Participant’s participation in the Camp and its Activities.

4. In consideration for Releasees provision of the opportunity to participate in the Camp, I, for myself and on behalf of Participant, hereby to the fullest extent permitted under law, hereby forever release, discharge, and covenant not to sue Football Camp for the Stars, Valley Christian Schools, their agents, officers, directors, employees, volunteers, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Camp Activities takes place, (collectively and individually referred to hereinafter as “Releasees”) from all liability, claims, demands, losses, or damages on my account or on account of Participant caused or alleged to be caused in whole or in part by the alleged negligent conduct of the Releasees or in any way arising from or related to Participant’s participation in the Camp and the Activities or otherwise, including, but not limited to, the condition of the premises, involvement in any Activities, the actions of other participants or Releasees, or rescue operations.

5. I further agree that if, despite this Agreement I, or anyone on my and/or Participant's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim, to the fullest extent permitted under the law. Releasor shall indemnify, defend and save Releasees harmless from and against all fines and penalties, claims, losses, costs, damages, suits and expenses including attorney's fees, court costs and expert fees resulting from, caused or contributed by or in any way relating to or arising out of Participant's participation in the Camp or the Activities, to the fullest extent permitted under the law.

6. Releasor hereby knowingly and voluntarily waives any and all rights and benefits otherwise conferred by the provisions of Section 1542 of the California Civil Code, which reads in full as follows:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.**

7. The above-described release, discharge and covenant not to sue is made on my own behalf and on Participant's behalf and on behalf of my and Participant's heirs, executors, administrators, and legal representatives.

8. This Agreement has been entered into in Santa Clara County, California, and shall be construed and enforced in accordance with the laws of the State of California as applied to contracts made and to be performed entirely within California.

9. Any disputes arising out of, or in any way related to, this Agreement shall be resolved in the Santa Clara County Superior Court for the State of California, in San Jose, California.

10. I acknowledge that I have had the opportunity to review this Agreement with any advisor(s) of my choosing, including legal counsel, before signing it.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and fully understand it. I acknowledge that I am giving up substantial rights – my own and/or those of Participant– by signing this Agreement and have signed it freely, voluntarily and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability for claims of negligence to the greatest extent allowed by law and that I have had an opportunity to consult with an attorney regarding the terms and advisability of signing this Agreement. I also agree that if any portion or clause of this Agreement is held to be invalid or unenforceable, that shall not affect the validity of the remaining portions, which shall continue in full force and effect.

Printed name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Printed name of Parent/Legal Guardian/ Conservator \_\_\_\_\_

Signature of Parent/Legal Guardian/ Conservator \_\_\_\_\_

Date \_\_\_\_\_