

Name:						
School:						
Grade:	(Fall 2018)	9	10	11	12	JC
Shirt Size:	S	M	L	XL	XXL	XXXL
Position:	KICKER	PUNTER	SNAPPER	Height:		Weight:
Address:						
City:				State:	Zip:	
Camper Cell:						
Camper Email:						
Parent/Guardian Name:						
Parent/Guardian Email:						
Parent/Guardian Phone:						

CIRCLE CAMP ATTENDING: FRIDAY, JUNE 1 THURSDAY, JUNE 7

Send form and \$150 payment to: K-State Football Kicking Camp – 2201 Kimball Ave, Manhattan KS 66502	Payments made out to: K-State Football Kicking Camp
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I agree, warrant and covenant as follows:

Release and Medical Authorization: The release and the medical authorization must be signed by a parent or guardian in order for student to participate in camp activities.

Release and Liability: In consideration for the Kansas State Football Camp of Kansas State University granting the student permission to participate in the football camp, I hereby assume all risks of the student’s personal injury that may result from football camp activity. As parent/guardian I do hereby release, indemnify, and hold harmless the Kansas Board of Regents, K-State Athletics, Inc., Kansas State University, the Kansas State Football Camp, and their officers, employees, and agents and all instructors and all participants in said football camp from all liability, including claims and suits at law or equity, for injury that may result from the student taking part in football camp, including from negligence. Kansas State Football Camp is a privately-owned enterprise operated by Bill Snyder, coach of the K-State football team. It is not sponsored by or a part of Kansas State University or K-State Athletics, Inc.

Risks: I am fully informed of the risks associated with my child’s participation in sports (football) as outlined here. Common injuries and locations: Bruises; sprains; strains; pulled muscles; tears to soft tissues such as ligaments; broken bones; internal injuries (bruised or damaged organs); concussions; back injuries; sunburn. Knees and ankles are the most common injury sites. Injury prevention: Proper use of safety equipment, warm-up exercises, proper coaching techniques and conditioning.

Medical Authorization: I hereby authorize and give my consent to the health authorities of Kansas State University and Kansas State Football or any licensed physician or athletic trainer to perform upon or administer any reasonable, necessary medical treatment to my camper(s). I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connections with attendance at this camp.

By signing this form I fully read and accept the release, liability, and medical authorization terms for the Kansas State Football Camp.

Parent/Guardian Signature	Date
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Insurance Company	Policy Number
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