



Dixon Junior Dukes

Football & Cheerleading Camp Application



Contact Information

Participant's Last Name		Participant's First Name		Participant's Middle Initial		2011-12 Grade Level <i>Please Circle:</i> 4 5 6 7 8		Activity <i>Please Circle:</i> Football Cheer	
Primary Legal Guardian's Last Name			Primary Legal Guardian's First Name			Relationship			
Primary Phone Cell? Y N		Secondary Phone Cell? Y N		Work Phone		Email Address			
Street Address				City		Zip Code		Occupation	
Secondary Legal Guardian's Last Name			Secondary Legal Guardian's First Name			Relationship			
Primary Phone Cell? Y N		Secondary Phone Cell? Y N		Work Phone		Email Address			
Street Address				City		Zip Code		Occupation	

Participant's Medical Information

Date of Birth		Current Age		Gender <i>Please Circle:</i> Male Female		Height		Weight	
Physician's Name			Physician's Phone			Date of Last Physical			
Please List Any Medical Conditions That We Should Be Aware of.									
1.		2.		3.		4.			
Please List Any Allergies That We Should Be Aware of.									
1.		2.		3.		4.			
Please List All Medications Taken On A Regular Basis.									
1.		2.		3.		4.			
Please provide an emergency contact other than the "Primary" or "Secondary" Legal Guardian listed above.									
Emergency Contact's Last Name			Emergency Contact's First Name			Relationship			
Primary Phone Cell? Y N		Secondary Phone Cell? Y N		Work Phone		Email Address			

Participant's T-shirt Size

T-shirt Size (please circle):	Adult	Child	S	M	L	XL	XXL	XXXL	XXXXL
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Authorization & Waiver

Each of the undersigned parent(s) or legal guardian(s) of the minor child named below states as follows:

I am aware that normal and usual athletic and sports related activities have certain inherent risks and may cause injury to participants. However, I want my child to participate in the Dixon Junior Dukes Organization sponsored **Tackle Football, Cheer, or Dance**, and I give my unqualified permission and consent for my child to participate in the Activities, subject only to any specific limitations noted below.

My child has the necessary skills and is able to participate in all reasonably anticipated aspects of the Activities except as noted below. The nature of the Activities has already been fully disclosed to me, and any brochure, flyer or announcement relating to the Activities is expressly made a part of this Authorization & Waiver.

I, on behalf of my child, hereby indemnify, release, hold harmless and forever discharge the Organization and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any Activities conducted by, on the premises of, or for the benefit of, the Organization; *provided*, that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the Activities conducted by, on the premises of, or for the benefit of, the Organization, whether by agreement, by operation of law, or otherwise.

This Authorization & Waiver is governed by the laws of the State of Illinois and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Authorization & Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

This Authorization & Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

Any claim or controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the chapter of the American Arbitration Association or similar group nearest to the Organization in accordance with its current rules and procedures.

In the event I cannot be reached, I authorize and direct any adult Activities sponsor or group leader representing the Organization to make emergency medical decisions for my child.

Print Name: _____ Signature: _____ Date: _____

For Administrative Use Only

Camp: <input type="checkbox"/> Cheerleading <input type="checkbox"/> Football	Grade Level: <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Registration Fee: \$10.00	Total Due: _____
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Check # _____	Paid in Full: <input type="checkbox"/> Y <input type="checkbox"/> N	Accepted By: _____ Date: _____