



## **DBA Elite Spring Camp**

**When:** Friday, March 22<sup>nd</sup> (all registrants) 11am-3 pm and Saturday, March 23<sup>rd</sup> (invite only) 10am-12pm. Check-in will start at 9:30 A.M. . Please arrive on time to get your photos, numbers and station assignments.

**Where:** John Marshal Middle School football field 2401 nw 115<sup>th</sup> terrace Oklahoma City, OK 73120.

**Cost:** \$25 per participant

**Staff:** As listed on the flyer.

**Attire:** Athletic wear. Dress for the weather. Wear cleats (preferred) or tennis shoes.

How to Register: Complete form below and email to  
[Differentbreedathletics.dba@gmail.com](mailto:Differentbreedathletics.dba@gmail.com)

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Name\_\_\_\_\_ Shirt Size: Youth \_\_\_\_\_Adult\_\_\_\_\_

Player Position \_\_\_\_\_Player school name\_\_\_\_\_

Address\_\_\_\_\_ Ph#\_\_\_\_\_

City\_\_\_\_\_ Parent cell#\_\_\_\_\_



## WAIVER/RELEASE FORM

### FIRST ANNUAL DBA/ELITE SPRING FOOTBALL CAMP

#### I. PARENTAL CONSENT

I, the parent or legal guardian of (Child Name) \_\_\_\_\_, a participant in the DBA/Elite football camp, does hereby grant permission for his/her participation in any and all conditioning camp activities. **This includes Video and photo release for camp usage.**

#### II. RELEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in a conditioning/competitor camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, DBA association, coaches, sponsors, volunteers, participants and persons for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

\*Initials\_\_\_\_\_

#### III. MEDICAL RELEASE

Because your child is involved in an active conditioning/competitor camp, there may be an occasion when an injury occurs that requires medical treatment, and we are unable to contact you. This situation may occur before, during or after our conditioning/competitor camp while at our site.

\*Initials\_\_\_\_\_

Participant\_\_\_\_\_Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work # \_\_\_\_\_

\*Initials \_\_\_\_\_

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND  
AGREED TO THIS DOCUMENT.

Parent or legal guardian (print) \_\_\_\_\_

Parent or legal guardian (signature) \_\_\_\_\_

Date \_\_\_\_\_

Player age \_\_\_\_\_