PASS & CATCH WAIVER

By filling out this waiver you agree that your child is in good health and that Rockland Pass and Catch Youth Football Camp is not liable for any illness or injury sustained in camp.

Full Name of Participant & Full Name of	
Parent/Guardian	
<u>AGE</u>	
BIRTHDAY	
GRADE	
SCHOOL DISTRICT	
T-SHIRT SIZE- (XS,S,M,L,XL,XXL)	
PHONE NUMBER	
<u>EMAIL</u>	
INSURANCE CARRIER & PHONE NUMBER	
POLICY NUMBER	
ELECTRONIC	
SIGNATURE/AKNOWLEDGEMENT	