

Waiver & Release

I hereby request that my child be admitted to the Blackstone Valley Football Clinic and authorize the directors or any member of the clinic staff to act according to their best judgment in an emergency requiring medical attention for which I will pay all costs.

I hereby release/waive the Blackstone Valley Football Clinic, and its entire staff of any liability for injuries that may occur during or from the clinic. My son or daughter is physically fit to participate in all football or clinic related activities.

Please Print!!

Parent Name _____

Signature _____

Date _____

Emergency Contact Name _____

Emergency Contact Phone _____

Alt. Name and Phone _____

Medical Conditions we should be aware of:



Blackstone Valley
Football
Clinic

BLACKSTONE VALLEY FOOTBALL CLINIC



AUGUST 15th - 18th

**NIPMUC REGIONAL HIGH
SCHOOL**

UPTON, MA

5:00-7:45PM

**FOR FOOTBALL PLAYERS IN
GRADES 9-12**

STRENGTH HONOR PRIDE

BLACKSTONE VALLEY TECH

NIPMUC REGIONAL HIGH

BLACKSTONE-MILLVILLE REGIONAL

UXBRIDGE HIGH SCHOOL

Bring your game to the next level

- Skills—position specific
- Drills & Techniques—from high school coaches from around the Blackstone Valley area
- Team Time—work with your teammates
- Offense—7-on-7
- Defense—7-on-7

The Details

- A Licensed Athletic Trainer will be on site at all times
- Turn the completed application / waiver into your coach
- Cost is \$85 per player
- Blackstone Valley Camp T-Shirt will be provided for each camper
- Players will wear uppers (helmet, shoulder pads, and cleats) Must have mouth-piece as well

Application

Name _____

Address _____

City/Town _____

School _____

Grade _____

Offense position _____

Defense position _____

Shirt Size _____

Please complete reverse side as well.

**\$85 Checks made payable to:
Blackstone Valley Football Clinic**