

Pearl River Pirates Football Camp, Inc.

Please complete this form and return on or before the first day of camp to be eligible for camp participation.

Form can be mailed to:
Pearl River Pirates Football Camp, Inc.
298 Holt Dr.
Pearl River, NY 10965



Waiver & Release

I confirm that my son(s) _____

Is/are in good health and able to participate in the physical activity of the Pearl River Pirates Football Camp. In the event of injury, I will use family insurance to cover any medical expenses. I understand that the week's tuition fee includes accident insurance, the use of all the facilities, and the best in football instruction. I understand and accept the conditions that neither the Pearl River School District nor anyone associates with the Pearl River Pirates Football Camp, Inc. assumes any responsibility for accidents or medical expense incurred as a result of participation in the camp. I understand that accident insurance is provided, but health insurance is not.

My health insurance is with _____ company and my policy number is _____.

I hereby authorize the Director of the Pearl River Pirates Football Camp, Inc. or his designee to act on my behalf according to their best judgment should any occurrence arise requiring medical attention.

Parent/Guardian Signature _____

Home Phone _____

Work Phone _____

Cell Phone _____