Registration Form

Name:	For the consideration of being permitted to particip the MRA FOOTBALL CAMP, and in consideratio the undersigned hereby release and forever dischar- camp directors, camp coaches, and Madison Ridg Academy of their officers, athletic training staff, age
Address:	assigns of each of them who might now, or in the fi liable or alleged to be liable from all crimes, deman damages, and actions, causes of actions or suits of a or nature whatsoever, in connection with any and al injuries, illnesses, infirmities, and disabilities, know unknown that are presently existing or previously h
Phone:	suffered by the undersigned and which may becom aggravated or re-injured or which may occur as a re preparation and participation in the said MRA Foo Camp.
School:	The undersigned hereby declares that the terms of release have been read and are carefully understood voluntarily accepted. It is understood that the province shall be binding on the undersigned and his personal representatives, and assigns.
Coach's Name:	I,hereby grant the tream physicians, therapists, technicians, and consusthe MRA Football Camp and Madison Ridgeland to render me any emergency care or other medical surgical care that might be deemed necessary to ins
Cost: \$80	proper care of any injuries / illness and maintain m and well being. In the absence of the team or author physician, I grant permission to a qualified physicia furnish emergency care using the guidelines above, when necessary for executing such care, permission hospitalization at an accredited hospital is granted.
Registration: Make checks payable to	Date:
Herbert Davis	
<u>Contacts:</u> For more information please contact: Herbert Davis (601-754-8595)	Athlete's Signature:
	Athlete's Date of Birth:
	Parent's

Certificate of Release

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Athlete's			
Signature:			

Signature:_

MRA Elem FB **CAMP**



of

Champions

July 20, 21, 22

5:00-7:30 PM