



**Application, Authorization for Participation and Liability Release**

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Participant's Name

School

I give permission for \_\_\_\_\_, to participate in the Hard Knocks Eagles Team Camp. I release Sequoyah Public Schools, coaches, administration and all affiliates and associates from any and all liability concerning personal injury and damages to or loss of property arising, directly or indirectly in condition with my child's use of the facilities and equipment of the specific camp site. I also authorize my child's school coaches and camp personnel to act for me according to best judgement in an emergency requiring medical attention while at camp. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp program.

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Signature of Parent/Guardian

Date

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Emergency Contact / Relationship

Phone #

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Insurance Provider

Policy #



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