



DEVONTA FREEMAN FOUNDATION

The Devonta Freeman Foundation 3rd Annual Football and Cheerleading Camp

When: Saturday July 8th at 9am
Check in begins at 8am

Where: Charles Hadley Park
1350 NW 50th St, Miami, FL 33142

Ages: 5-16 yrs old

Cost: Free

Staff: Current and former NFL and NCAA players, coaches, trainers, cheerleading coaches, and experienced recreational coaches

What to wear: Athletic wear. T-shirts will be provided. Please wear cleats or tennis shoes.

How to register: Complete the form below and email it to The Genesis Media Group

Info@genesismp.com

or drop form off at Charles Hadley Park Office (1350 NW 50th St Miami, FL 33142)

Name: _____ **Shirt size:** S M L XL XXL

Parent/Guardian Name: _____

Address: _____

Phone #: _____ **Participant Age:** _____

Please check one

_____ I am registering for the Football Camp

_____ I am registering for the Cheerleading Camp

RELEASE OF LIABILITY: I hereby release and discharge, indemnify, and hold harmless The Devonta Freeman Foundation, players, agents, coaches, volunteers, and associates for any and all aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my participation in the sport camp activities.

CONSENT FOR TREATMENT: I hereby give my permission to a camp certified athletic trainer to supervise on-site first aid for minor injuries. In the event of an injury such as laceration, concussion, etc., or illness requiring medical treatment, I hereby give my consent for sport camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid.

PHYSICAL EXAMINATION: I certify that within the past 12 months my child has had a physical examination by a physician and that he/she is physically able to participate in the sport camp activities.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during sports camp participation.

Parent/Guardian: _____

Date: _____