



Viking Youth Football Speed Camp 2020

Viking Youth Football & Cheerleading • P.O. Box 977, Antioch, IL 60002
Email: antiochvikingfootball@gmail.com Website: www.vikingyouthfootball.org

SUNDAYS - JUNE 28, JULY 12, July 19 @ Tim Osmond 10:00-11:30am

Last name: _____ First Name: _____ Birth Date: ____/____/____

Address: _____ Grade in Fall 2020: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Mother Name: _____

Cell: _____

E-mail: _____

Father Name: _____

Cell: _____

E-mail: _____

Emergency Contact Information:

Name: _____

Cell: _____ or _____

Name: _____

Cell: _____ or _____

The undersigned parent(s) of the above named athlete do hereby acknowledge the following terms and conditions:

Parent's Athlete Participation Agreement:

- I/we give approval of this athlete to participate in the Viking Youth Football Speed Camp Program.
- I/we understand Viking Youth Football & Cheerleading Association will from time to time use the name, photograph and/or video of the athlete in newspaper article or marketing materials, including on our own website and I/we consent to such uses and waive all rights to compensation.
- I/we understand the terms and conditions of the refund policy and acknowledge that portions of the registration fee are non-refundable as detailed in the policy.

Understanding of Risk and Release Liability:

- I/we understand it is our responsibility to notify the Viking Youth Football & Cheerleading Association of any changes in medical conditions or concerns.
- I/we know that participation in youth sports may result in serious injuries and protective equipment does not prevent all injuries.
- I/we assume all risks and hazards incidental to such participation including transportation to and from activities and these injuries include risk of fractures, paralysis or death.
- I/we do hereby waive, release, absolve, indemnify and agree to hold harmless The Viking Youth Football & Cheerleading Association, any league organizations and the affiliate team organizations, other athletes and their families, and all hosting partners.

Authorization and Consent medical Treatment:

- I/we authorize medical treatment of the aforementioned athlete by a qualified and licensed person who is available.

Calling all Athletes....
get ahead of your game with SPEED!
 The Viking Youth Football Speed Camp program will help all athletes gain strength, power, speed and quickness in preparation for any sport (*tackle football, flag football, soccer, cheerleading, baseball, volleyball, basketball, etc.*)
The cost for three sessions is \$30.00 (\$10.00 per session)
 Each session will run for approximately 1½ hours.
 10:00 – 11:30am @ Osmond Field

VYFA USE ONLY

Credit Card: # _____ EXP. _____ Code # _____

Signature # _____

Cash _____ Check # _____ Total Amount: \$ _____

Parent: _____

Parent: _____

Date: _____