Application for Get Recruited PA Summer Showcase

(MAKE CHECK OUT TO: GET RECRUITED)

SEND COMPLETED APPLICATION / WAIVER / INSURANCE PAPERWORK TO:

******* ANDREW COHEN ******

PO BOX #2172 1050 Airport Rd West Chester PA 19389 (570) 428-2872

STUDENT NAME	**POSITION**	**HT/WT**
DATE OF BIRTH	**GRADE (SEPT 2015)**	
CURRENT SCHOOL	**GPA**	**SAT/ACT**
ATHLETE CELL NUMBER	**EMAIL**	**TWITTER / FACEBOOK**
STREET ADDRESS	**CITY**	**STATE ZIP**
PARENT / GUARDIAN	**PARENT CELL**	**PARENT EMAIL**

CONSENT, WAIVER & RELEASE FORM

In consideration of my participation, I intending to be legally bound do hereby, for myself, my heirs, executor and administrators, waive, release and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue against Get Recruited Exposure Football Camp, The Hill School, any coach involved in camp, and/or their respective officers, representatives, successors, and/or assigns, for any and all damage which may be sustained or suffered by me in connection with my association with or participating in and/or rising out of my travel to or from this camp. THIS WILL HEREBY CERTIFY THAT THIS PARTICIPANT IS QUALIFIED TO ATTEND THIS CAMP. I further state that officers, representatives, successors, and/or assigns are in no way responsible for any pre-existing injury, or reoccurrence of any injury or illness, disclosed or undisclosed. I give my written permission for my child to be treated by a medical doctor if deemed necessary by coaches. I, THE PARENT OR GUARDIAN, DO HEREBY AGREE TO THE ABOVE WAIVER AND RELEASE FURTHER CERITFY HEALTH INSURANCE COVERAGE FOR THE PARTICIPANT NAMED HEREIN AND ACKNOWLEDGE THE SOLE USE OF SAD HEALTH INSURANCE IN ALL CASES RELATIVE TO PARTICIPATION THIS CAMP.

SIGN HERE:

_____

Signature, Parent or Guardian

_____

Please Print Name and Date

INSURANCE INFORMATION *IMPORTANT: Your health insurance information will be the source of care should illness or injury occur.*

Name of primary care physician: _____ Phone: _____

Physician's city:_____ Any known allergies:_____

An additional person, when a parent/guardian is unavailable, to contact in an emergency situation:

NAME:_ ____ RELATIONSHIP: _____

CELL: _____ WORK #_____