



Horace Hawk Football Camp Registration Form

Weightlifting, Elementary, Middle, and High School Camp

By filling out the following, I agree with the below statement:

I understand that my child will be going through strenuous exercises and that there is a chance of an injury or accident. I understand that the camp directors will use their best judgment in medical decisions in the chance there is a medical emergency. I acknowledge that the camp directors, all camp staff members, and West Fargo Public Schools will not be held liable in the chance that a student does have an injury, Loss of property, or illness which includes COVID-19. If you have any health concerns of your athlete or questions, please contact Coach McMahon at hmcMahon@west-fargo.k12.nd.us

Athlete

Athlete Name: _____

Grade: ____

T-Shirt Size: YS YM YL YXL S M L XL XL+

Parent

Parent Phone number: (____) _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Email address: _____

Emergency Contact: _____

Emergency Phone number: (____) _____

Guardian Signature

X _____ Date _____