

Walk-Up Registration Form



2019 Legends of Iowa Football Camp

Legends Camp: Grades 5th - 10th as of Fall 2019

July 12, 2019, 9:00 am - 4:00 pm

MYFA Main Complex, Cedar Rapids, Iowa

Personal Information :

First Name :

Last Name :

Address :

City :

Zip :

State :

Guardian Contact Number :

Phone :

Guardian Email :

Guardian Full Name :

Grade as of Fall 2019 :

Camp Information :

School Camper Currently Attends :

Height :

Weight :

Tee-Shirt Size :

Offensive Position :

Defensive Position :

List any health issues :

Health Insurance Policy Owner :

Health Insurance Carrier :

Health Insurance Policy Number :

How did you hear about the camp? :

Amount due:

Payable to "Iowa Football Club"

I understand that my child could be seriously or mortally injured or have personal property stolen as a result of my child's participation in the Legends of Iowa Football Camp ("Camp"). I, as the parent/legal guardian of my child, agree to waive all claims arising from personal injury (including death), medical expenses or property loss against the Camp, the Metro Youth Football Association, the Iowa Football Club and its members individually, and any employees, volunteers, directors, officers or independent contractors of the Camp (collectively the "Released Parties"). I also agree to hold harmless and indemnify the Released Parties from any and all claims that arise from my child's personal injury (including death), medical expenses or property loss.

Signature of Parent/Guardian: _____ Date: _____