

## **2007 Fusion Football Camp Registration and Release Contract**

The undersigned athlete (“Athlete”) and the undersigned parent or guardian (“Guardian”) hereby requests the enrollment of \_\_\_\_\_ in The Fusion Football Camp.

(1) All fees paid are non-refundable and non-transferable. You are committing to the full amount regardless of full participation. You acknowledge financial obligation by signing this contract. Payment is to be received via check only. *Payment is to be made out to either Chris Thomas or Bob Gagliano dependent upon your skill position. Wide Receivers/Tight Ends will make payment out to Chris Thomas while Quarterbacks will make payment out to Bob Gagliano. Registration must be secured at least two weeks prior to the start of the Fusion Football Camp.*

(2) Athlete and Guardian represent and warrant that the Athlete is in good physical condition and is able to safely participate in the clinics. Athlete and Guardian are fully aware of the risks and hazards inherent in participating in football and, with full knowledge of the risks associated therewith, hereby elect for the Athlete to voluntarily participate.

(3) Guardian and Athlete fully and forever release Chris Thomas or Bob Gagliano, or anyone associated with the Fusion Football Clinic from all claims arising from injuries, or death, that may be sustained by Athlete while attending the Fusion Football Camp. Guardian and Athlete further understand that they will not hold anyone affiliated with the Fusion Football Clinic, including, Chris Thomas, Bob Gagliano, Conejo Unified School District, Newbury Park High School (or any other high school or public agency with jurisdiction over the fields utilized for the clinics) or any of its representatives responsible, as a result of any injury sustained to Athlete for any other reason during or after the Fusion Football Camp. Athlete further agrees to indemnify Chris Thomas or Bob Gagliano and to hold persons affiliated with the Fusion Football Clinic from any and all claims for injury or property damage which are caused by or the result of actions or omissions of Athlete.

(4) Athlete and Guardian authorize all those associated with the Fusion Football Clinic to act according to their best judgment in administering general first aid treatment for any injuries received to the Athlete during the course of the Fusion Football Clinic, whether an emergency or not, until such time as the parent or guardian is contacted (using the contact information below) to make decisions concerning treatments. Athlete and Guardian understand that treatment of minor injuries such as an ankle sprain can be treated with general first aid treatment such as an ice pack, but that no medication or other treatment will be administered to the Athlete without prior written or oral authorization from Guardian unless emergency conditions require otherwise. If the injury sustained is life threatening, or requires emergency treatment, Guardian authorizes Chris Thomas or Bob Gagliano or a member of their staff to summons any or all professional emergency personal to attend, transport, and treat the Athlete. Guardian understands that

he/she is solely responsible for all bills and claims that may be filed as a result of the injury.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Schedule:**

Quarterbacks: \$600

Wide Receivers: \$500

Total Payment: \$\_\_\_\_\_

Age of Athlete: \_\_\_\_\_

Height and Weight of Athlete: \_\_\_\_\_

Position of Athlete: \_\_\_\_\_

Short Size: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

**Emergency Contact Information:**

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
(Business or Cell)

Family Physician: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_

**Please mail registration form and check to:**

**The Fusion Football Clinic  
Attn: Jennifer Speakman  
4868 Templeton St.  
Ventura, Ca. 93003**

