

**BRIAN STEWART AND INNER CITY SPORTS PRESENTS
YOUTH FOOTBALL CAMP AT NOGALES HIGH SCHOOL**

**Saturday, JUNE 7, 2008, 8 a.m. – 4 p.m.,
401 Nogales Street, La Puente 91744**

Registration Form

Camper's Name: _____ Age _____ Grade (next fall) _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Football Position: Offense: _____ Defense: _____
Height: _____ Weight: _____ T-Shirt Size: _____ Gender: Male Female

In consideration of the Participant's right to participate in the Camp, I agree as follows:
I authorize _____ minor/child to participate in the Camp.

I acknowledge that the Participant's participation in the Camp involves risk of serious bodily injury, death, and/or property damage. I assume and accept all risk of bodily injury, death, property damage and other harm connected in the Participant's participation in the Camp. I acknowledge that I am responsible for any and all medical expenses due to the Participant's illness or injury in connection with the Camp. While particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I hereby authorize the staff of the Camp, directors, agents and athletic trainers to act in accordance with their best judgment in any medical emergency requiring medical attention.

I certify that the Participant is in excellent physical health and has no physical limitations that would prevent the Participant from participating in the Event. I grant permission to the Camp parties to provide the Participant with emergency medical treatment if needed.

I hereby indemnify, hold harmless, agree not to sue, and release the Parties: Brian Stewart, Tracy Adkins, Inner City Sports, Volunteers, Nogales High School and corporate sponsors both as organizations and each person individually from any and all liability for all claims, demands, losses, damages and costs, including reasonable attorneys' fees, that arise out of or in connections with any personal injury, property damage, and /or other loss suffered by the Participant in connection with Participant's participation in the Camp.

I authorize the Parties to take photography and videotapes of the Participant and to record the Participant's voice, conversation and other sounds during and in connection with the Event. I acknowledge that the Parties shall own exclusively all copyright and other rights in and to such tapes, photography, and recording and may use them forever and throughout the world in any manner without compensation to the Participant or me. I authorize the Parties to use the Participant's name, voice likeness and any biographical facts provided to the Event in advertising and promoting the Parties without further compensation.

I certify that I am the parent or legal guardian of the Participant, should the Participant not be of legal age to sign this release. I acknowledge that I have read this release fully, understand its contents and have signed below of my own free will.

Parent/Guardian Must Sign and Complete Information Below In-Full and Legibly

Parent/Guardian

Print Name

Date

INSURANCE CARRIER

Name _____ Member Number: _____ Phone number: _____
Emergency Contact: _____ Emergency Phone number: _____

INFO: Call: Tracy Adkins at 951- 768-0801 or E-mail: Jodi Stewart at jo_lynn67@msn.com
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http://lb.dallascowboys.com/team_coach_bios.cfm?newName=Brian_Stewart