



REGISTRATION FORM

Indy

- June 2nd
- June 16th

Big Man

- June 5th
- June 12th

7 on 7

- June 5th
- June 12th

Quarterback

Kicker

Youth

First Name: _____

Last Name: _____

Email _____ Mobile Phone _____

Address _____

City _____ State _____ Postal Code _____ DOB _____

Emergency Contact Name _____

Emergency Contact Relationship _____

Emergency Contact Phone Number _____

Specify any health/medical concerns: _____

School Name _____ Grade/School Year _____





MEDICAL FORM

Team Name: _____

First Name: _____

Last Name: _____

DOB: ____ / ____ / ____

- In the last 12 months, has the participant had a sports physical conducted?
Yes or No
- In the last 12 months, has the participant has an illness, injury, or condition that needed immediate care at a clinic, emergency room, or doctor's office?
Yes or No
- Has the participant currently or previously been diagnosed with or treated for any of the following conditions?
 - Allergies (e.g. pollen, medicine, food, or stinging insects) List below:
 - Sickle Cell Trait or Sickle Cell Anemia
 - Asthma or Respiratory Conditions
 - Heart Conditions (e.g. murmurs, high blood pressure, congenital conditions, etc.)
 - Drug allergy or Reaction.
- If yes, please list the drug(s) and the reactions in the box below:
 - Diabetes
 - Concussion or head injury that resulted in a loss of consciousness
 - Orthopedic Surgery (e.g. ACL reconstruction, fracture, arthroscopic repair, etc.)
- If yes, please list the orthopedic surgery/surgeries below.
 - Heat Illness or Rhabdomyolysis
 - Seizures
 - NONE
- Has the participant ever passed out or nearly passed out DURING or AFTER exercise?
Yes or No

If yes, please explain the event where the participant passed out or nearly passed out below:



INJURY + ILLNESS WAIVER

INJURY AND ILLNESS ACKNOWLEDGEMENT AND WAIVER

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MIKE NORVELL FOOTBALL CAMPS AND ITS DIRECT SUPPORT ORGANIZATIONS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MIKE NORVELL FOOTBALL CAMPS AND ITS DIRECT SUPPORT ORGANIZATIONS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MIKE NORVELL FOOTBALL CAMPS AND ITS DIRECT SUPPORT ORGANIZATIONS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. I,

_____, am voluntarily permitting my minor child to enter onto property under the control or management of Mike Norvell Football Camps and/or its direct support organizations (the "Property") for the 2024 Mike Norvell Football Camps ("Event"). I am aware of the ongoing situation regarding the coronavirus and COVID-19 (collectively, "COVID-19") that is currently impacting the State of Florida, Country, and World. I am also aware that the Event will involve physical exertion and risk of physical injury. By permitting my minor child to enter onto the Property for the Event, I acknowledge and agree on behalf of my minor child that: - An inherent risk of exposure to COVID-19 exists in any place where people are present. - An inherent risk of injury exists when participating in a physical activity such as those that will occur at the Event. - COVID-19 is an extremely contagious disease that can lead to severe illness and death. 2 - Physical participation in activities related to the sport of football can lead to severe injury and even death. - According to the Centers for Disease Control and Prevention, senior citizens and others with underlying medical conditions are especially vulnerable to the risks associated with COVID-19. - On behalf of my minor child, I voluntarily assume all risks related to my minor child's injury, illness, and exposure to COVID-19 at the Event or on the Property. - On behalf of my minor child, I am releasing Mike Norvell Football Camps and its direct support organizations from any and all liability related to my minor child's exposure to COVID-19 at the Event or on the Property, and I will not to sue, attempt to hold liable, or seek any form of damages from Mike Norvell Football Camps or any of its direct support organizations for any claim or cause of action (including negligence and negligent acts) related to my minor child's exposure to COVID-19 at the Event or on the Property. - On behalf of my minor child, I am releasing Mike Norvell Football Camps and its direct support organizations from any and all liability related to any injury or illness (including any injury or illness related to being exposed to COVID-19) my minor child sustains at the Event or on the Property, and on behalf of my minor child I will not to sue, attempt to hold liable, or seek any form of damages from Mike Norvell Football Camps or any of its direct support organizations for any claim or cause of action (including negligence and negligent acts) related to any injury or illness (including any injury or illness related to being exposed to COVID-19) my minor child sustains at the Event or on the Property. - "Mike Norvell Football Camps and its direct support organizations" means Mike Norvell Football Camps and its direct support organizations, including but not limited to, its employees, agents, and representatives. I, _____, ACKNOWLEDGE and AGREE to the above, this day _____. d

(parent/guardian name) (date) _____

Parent/Guardian Signature Names of Minor Child Participating in the Event:
