



**Presents: The D&S Football Camp 7 on 7 Shootout At Haddonfield Memorial High School**

### **PLAYER REGISTRATION FORM**

**When:**

*Saturday, June 18, 2016*

**Schedule:**

*Teams Arrive*

*8:00 am*

*Coaches Meeting*

*8:30 am*

*Games Begin*

*9:00 am*

*Every team will play 5 games!*

**Where:**

*Haddonfield Memorial High School  
(Both Fields are Turf Facilities)*

**Cost:**

*\$5 Per Player*

**Team Needs:**

*We ask each team to bring a dark and a light colored jersey/shirt.  
Cleats and a Mouth Piece for Each Player*

**\*\*\*THERE WILL BE A SNACK BAR OPEN ALL DAY\*\*\***

### **PARTICIPANT REGISTRATION FORM**

**Player Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player Signature:** \_\_\_\_\_

(Player Sign Above Line)

I authorize that HMHS or D&S staff members to act for me using their best judgment in the event of an emergency. I release, waive, discharge and agree not to sue HMHS, Frank DeLano, Ralph Schiavo, or any staff members, volunteers, its successors, affiliates, officers, directors, coaches, employees and agents from all manner of action, causes of action including all claims arising out of any incidents involving personal injury in any way by reason of participation in the activity. I assume all risks arising from our team's participation in this voluntary activity. I indemnify and hold harmless HMHS, Frank DeLano, Ralph Schiavo, D&S Football staff members, volunteers, its officers, directors, coaches and agents from any and all claims, damages or causes of action stemming from our team/child's participation in this activity. I certify that I have no knowledge of any physical impairment that would affect the above team/child's participation in this tournament.

**Parent Signature:** \_\_\_\_\_

*I VERIFY THAT MY CHILD HAS BEEN CHECKED BY A PHYSICIAN  
IN THE LAST YEAR AND IS PHYSICALLY ABLE TO PARTICIPATE.*

**Please Return Registration Form To Your Coach! \$5 Cash Preferred or Check Payable to D&S Football Camps**