

Team Name:		Age Group:	
Coach Name:	Phone:	Email:	

Parental Relase:

I hereby allow Defiance College Staff, to act for me in their best judgement in any medical emergency and hereby waive and release said camp staff from any and all liability and or illness occurred to my daughter while attending the camp/workout.

Coach Signature:

^{*}Colleges In attendance and times are subject to change*

Team Name:	 Parental Relase: I hereby allow Defiance College Staff, to act for me in their best judgement in any medical emergency and hereby waive and release said camp staff from any and all liability and or illness occured to my daughter while attending the camp/workout 			
Coach Name: Coach Email:				
Player Name	Position(s):	Grad Year:	Email:	Parent Signature: