

Team Name:		Age Group:	
roach 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*