



Pinnacle Passing Camp

(We **MUST** have a signed copy of this waiver for your application to be accepted.)

2010 Camp Medical Waiver Form

Camper's Name _____

Address _____

City/State/Zip _____

Home Phone _____

Parent/Guardian Work Phone _____

Grade Next Fall _____ Age _____

School Name _____

Head Coach _____

I hereby certify that _____ is physically fit to participate in an active football school and that I know of no physical impairments which would in any manner limit their participation in such a program. I also authorize the staff of the Pinnacle Passing Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp from any and all liability for any injuries or illnesses incurred while at camp. I understand that violation of camp rules may result in dismissal from camp with all tuition forfeited.

Parent or Guardian Signature _____

Fill out this form and mail it to:

**Pinnacle Passing
PO BOX 210822
Auburn Hills, MI 48321**