

THE MANNY DIAZ FOOTBALL CAMPS, LLC

REGISTER ONLINE AT MANNYDIAZFOOTBALLCAMPS.COM

5821 SAN AMARO DRIVE - CORAL GABLES, FL 33146 | PHONE: 1.305.284.2563 FAX: 1.305-284-6171

CAMPER INFORMATION

CAMPER'S NAME: LAST FIRST MI

ADDRESS: STREET

CITY STATE ZIP CELL PHONE

SCHOOL (FULL NAME)

HEIGHT WEIGHT DOB

EMAIL ADDRESS

T-SHIRT SIZE (CIRCLE ONE) M L XL XXL XXXL

PRIMARY POSITION (CIRCLE ONE)

OL TE WR RB QB DL ILB OLB CB S

GRADE IN FALL 2020 (CIRCLE ONE) 7 8 9 10 11 12 12+

CONSENT TO TREATMENT - LIMITATION AND WAIVER OF LIABILITY

Camper Name: _____

In the event of injury to or illness of our son/daughter/ward, I (we) hereby authorize the University of Miami, or representatives thereof, to admit the above-named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. It is the responsibility of the parent/guardian to inform the camp in writing of any changes.

The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby release the Manny Diaz Football Camps, LLC, the University of Miami, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

ASSUMPTION OF RISK AND RELEASE

The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it an inherent risk of physical injury. In consideration of the registrant's participation in the camp, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge The Manny Diaz Football Camps, LLC, The University of Miami, its trustees, employees and agents from any and all liability, claim, or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and/or participation in the camp.

PHOTOGRAPHIC RELEASE

I hereby authorize the Manny Diaz Football Camps, LLC, University of Miami and the members of its staff to take such photographs for websites, television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publications as the University of Miami or its staff in its sole direction consider to be or benefit to said University. I hereby waive any rights that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may be applied.

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 the University of Miami and the Manny Diaz Football Camps, LLC 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 the University of Miami and the Manny Diaz Football Camps, LLC 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 the University of Miami and the Manny Diaz Football Camps, LLC has the right to refuse to let your child participate if you do not sign this form.

Parent/Guardian Name (Print) Emergency Contact Number

Parent/Guardian Signature Date

CAMP SESSIONS 7on7 & OL/DL TEAM CAMP

\$20 PER CAMPER

(RISING 7TH-12TH GRADERS)

☐ JUNE 6TH

☐ JUNE 7TH

☐ JUNE 13TH

☐ JUNE 14TH

CAMPER HEALTH FORM

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. Physical conditions that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illnesses, current medications) include:

CHECK ALL THAT APPLY:

___ASTHMA ___CONCUSSIONS
___BLEEDING DISORDERS ___HEART DISEASE
___CONVULSIONS ___RHEUMATIC FEVER
___DIABETES

ALLERGIES TO DRUGS: _____

LAST PHYSICAL EXAMINATION (DATE): _____

LAST TETANUS IMMUNIZATION (DATE): _____

CURRENT MEDICATIONS: _____

CHRONIC OR RECURRING ILLNESSES: _____

OPERATIONS/INJURIES (INCLUDE DATES): _____

PHYSICAL RESTRICTIONS: _____

PHYSICIAN NAME/PHONE #: _____

DENTIST NAME/PHONE #: _____

CAMPERS MUST PROVIDE VALID HEALTH INSURANCE INFORMATION TO PARTICIPATE

INSURANCE PROVIDER: _____

POLICY NUMBER: _____

NAME OF POLICY HOLDER: _____

PARENT/GUARDIAN SIGNATURE DATE

The Manny Diaz Football Camps, LLC is a separate legal entity from the University of Miami, and it is not sponsored, endorsed, selected, affiliated, or recommended by the University of Miami. The above registration form must be completed in its entirety or the player will be unable to participate in the camp.