



NATIONAL CAPITAL FOOTBALL COACHES ASSOCIATION (NCFCA)

SKILLS CAMP REGISTRATION AND WAIVER FORM

Name _____

Address _____

City _____ Postal Code _____

Telephone - Home _____ Work _____

Date of Birth - Day _____ Month _____ Year _____

Email: _____

School: _____

NCFCA USE ONLY

Course Code:

Level Code:

Payment Rec'd:

Receipt Issued:

OFA No.:

SELECT COURSE:

DESCRIPTION	REGISTER (Y/N)
Senior QB Camp ... players in 14 and up	Yes _____ / No _____
Junior QB Camp players 14 and under	Yes _____ / No _____
Senior OL / DL Camp players 14 and up	Yes _____ / No _____
Other:	Yes _____ / No _____

Note: Make cheques payable to NCFCA

I/We, the parent(s) or guardian(s), in consideration of your organizing a football skills development camp and in permitting my/our child to play, waive any right to action that I/we may have on behalf of my/our child for any cause whatsoever and agree that this waiver may be pleaded as an estoppel to any action against the League or any members of it including any coaching, managerial or administrative personnel of the said League. I/We further agree that I/we shall waive harmless, protect and indemnify the League, or any members of such League from any action that may be brought as a result of injuries of any nature whatsoever incurred by my/our child. Furthermore, I/we hereby forever release, discharge and hold harmless National Capital Football Coaches Association (NCFCA) and its membership, representatives or agents for any injury, loss or damage to my/our personal property howsoever caused, arising out of or in connection with my/we taking in football activities and not withstanding that the same may have been contributed to or occasioned by the negligence of NCFCA and its membership, representatives or agents.

(Parent / guardian's signature)

Parent / guardian's signature)

(NCFCA Signature)