

Florence-Darlington Technical College

High School Camp

Player Information Sheet

Name _____

High School _____ Graduation Year _____

Address _____ City _____

State _____ Zip _____

Home # _____ Cell # _____ Email _____

DOB _____ Fall/Summer team _____

1st position _____ 2nd position _____ HT _____ WT _____

GPA _____ SAT (total, math, verbal) _____/_____/_____ ACT _____

Emergency Contact _____ Phone # _____

Insurance Company _____ Policy # _____

Name of Policy Holder _____

Taking any Medications? If so, what? _____

Player Name: _____

Medical Waiver: I waive and release **Florence-Darlington Technical College** and its staff from any injury that may occur during the event to the above-mentioned participant, on site or involving travel to and from the event. The participant referenced above is in good health and is thereby capable of performing the activities related to this camp. I agree also to take full responsibility for any expenses that incur during the showcase due to necessary treatment of injury. I also give permission for the staff to seek emergency treatment if needed. I understand by signing this waiver, I give consent to participation in the event and assume all risk arising from it.

Player Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

parent/guardian signature required if under 18