

Joe Moore Offensive Line Camp

Insurance Information

All participants require coverage for accidental injury. In most instances, family health insurance provides adequate coverage. Please indicate your family health insurance plan below.

Camp Participant (First, Last Name)

Camp Participant High School/ School District

I/ We, being the legal guardian(s) of the participant, authorize Joe Moore O-Line Camp and its agents, permission to request medical treatment as necessary to ensure the well-being of our dependent:

Parent or Guardian Signature

I/ We, the undersigned, for ourselves, our heirs, executors, and administrators, waive and release and forever discharge Joe Moore O-Line Camp, its staff, officers, agents, representatives, employees, successors, and assigns of and from any rights and claims for damages to person or property which may be sustained or occur during participation in camp activities, or from camp, whether paid damages, injury, or loss are due to negligence or not.

I certify that the participant is in good physical condition, allowing him to participate in the Joe Moore O Line Camp.

Parent or Guardian Signature