

Tabor Football Passing Jamboree 09'

Waiver & Registration Form / Saturday June 20

Please provide the following information for each participant attending passing camp. Each participant must be covered under their own medical insurance. Cost 150.00 per team (7 – 10 players). 20.00 per each additional player – Please complete and mail back by May 1, 2009 along with entry fee. Mail to: Football Offc. Tabor College, 400 S. Jefferson – Hillsboro, KS. 67063

Name _____ Grade entering _____ Coach: _____
H.S. _____

- 1.
 - 2.
 - 3.
 - 4.
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 - 11.
 - 12.
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 - 14.
 - 15.
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Please have each parent/guardian sign the following indemnity / waiver release:

In consideration of _____ in participation in this activity, I hereby release and discharge Tabor College, all its employees (football staff), and all other entities from any and all liability arising from incident, injury , and illness that may be suffered as a result of my son's participation in the Tabor College Passing Jamboree held Saturday June 20 , 2009.

Parents / Guardians Signature: _____ Date: _____