

# YOUTH CAMP

REGISTRATION / WAIVER FORM



**AYALA FOOTBALL  
YOUTH CAMP**

## Parent Guardian:

First Name

Last Name

Street Address

Day Time Number

Fall 2025 Grade

Emergency Name

Emergency Number

## YOUTH CAMP INFO

<b>PARTICIPANT NAME</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>

I agree to hold harmless the Summer Youth Sports Camps Staff, the Ayala Youth Summer Camp Boosters, and the Chino Valley Unified School District, the County Superintendent of Schools, and all their employees and or agents from any and all injuries, losses, damages, and liability occurring from my and/or my child's participation in the activity for which I have enrolled. I also agree to be photographed, and/or agree to have my child photographed, and release the use of the photographs for the publicity in the Ayala Youth Sport Camp publications and other public information tools.

**Parent Signature**

**Date**

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