



**2025**

**MONTFORD MUSTANG FOOTBALL CAMP**  
**REGISTRATION FORM**

**Name of Camper (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Cell:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Fall 2025 Grade Level:** 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

**T-Shirt Size:** YL \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2X \_\_\_\_\_

**Per Leon County Schools District Policy only Check or Money Orders are accepted. We are unable to accept cash.**

**Payment Method:** Check \_\_\_\_\_ Money Order \_\_\_\_\_

*Parental Waiver: I do hereby release any and all personnel relating to Leon County Schools & Montford Mustang Football Camps from any liability and/or damages as a result of participation in this camp. I also waive all rights of entitlement concerning such loss. Montford Mustang Football Camps and its coaches are not responsible for any lost, damaged, or stolen personal items.*

*If you suspect that an athlete has a concussion, remove them from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play until a medical professional says they are symptom free and are OK to return to play.. Exercising or activities that involve a lot of concentration (studying, computers, video games) may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional. I(we), hereby acknowledge having received education about the risks of sport related concussion as provided in the information above. I also acknowledge my responsibility to report to my coaches, parent(s) / guardian(s) any signs or symptoms of a concussion.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_