

2017 GRAND LEDGE FOOTBALL

Women's Academy



Participant Name: _____

Participant Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Women's Academy Consent Agreement

I certify that I am in good health and capable of participating in all activities. I agree to assume the risks associated with this women's academy and consent in advance to emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care. I further understand that I assume the expenses incurred for any injury that may occur at this women's academy.

Signature: _____ **Date:** _____