

Presented by:  
Doug Shaw and the Mauldin Maverick Football Staff and Players

# 4th Annual Mauldin Maverick Football Camp June 14th - June 17th



**I agree that the Mauldin Football Coaches, players, Mauldin High School and/or School District of Greenville County will not be responsible for any injuries incurred as a result of participation during camp.**

**I do hereby grant my permission for first aid or EMS to administer immediate treatment to my child should he/she be injured or become ill during the camp dates of June 14th – 17th. My child is covered under a medical insurance plan.**

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies or Special Medication: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_  
(E-mail address will be used to send confirmation of registration)