

## Irmo Chapin Recreation Commission Chase Loveless Empowerment Football Camp July 26, 2025, 8:30 am – 12:30 pm Irmo High School

Participant Information		
Child's Name		Male Female
Birth Date/ Age as of 7/26/25		ld)
Address	City	Zip
T-Shirt Size (Please circle size) YS YM YL YXL AS AM	AL AXL AXXL	
Emergency Contact Information		
Name	Email	
Primary Phone		
Name	Email	
Primary Phone		
Please list any known medical conditions, allergies, medications, or special requishered with medical professionals.	quirements. In the event of an emergency, this i	nformation may be
Medications		
Conditions/Allergies		
RELEASE OF LIABILITY FORM		
I acknowledge that participation in activities offered by the Palmetto Foundation in participation physical injury to myself and/or my minor child. I understand these risks and have had the	· ·	n involves certain risks of
In consideration of participation, I hereby release, discharge, and hold harmless the Palm employees, and volunteers from any and all liability, claims, or causes of action arising fr	·	
In the event of an injury, I authorize the Palmetto Foundation and/or the Irmo Chapin Reunderstand that I am solely responsible for all medical expenses incurred as a result.	Recreation Commission to assist in obtaining appropri	ate medical care. I
Furthermore, I grant permission to the Palmetto Foundation and the Irmo Chapin Recrea or my child during participation in Palmetto Foundation/ICRC programs or activities for por reproduction of these materials.	, , , ,	• .
	Date	

