



**Bill Falk's Camps
PO Box 8102
Cranston, RI 02920**

1-800-892-3179

www.mfathletic.com

Our Mandatory Camp Attendee Permission Slip:

I release Bill Falk Camp and its staff, the host institution and its staff from any responsibility for any and all injuries that occur while participating in the Bill Falk Camp at the site designated site Selected by the attendees.

Further, I hearby grant permission to the staff to utilize the services of any medical consultant or hospital they deem necessary to render services to the camp if required. The camp will notify parents or guardian of the camper in case of such treatment.

Name _____

is in good physical condition to participate
in the Bill Falk Camp at the designated
location.

Signature _____

Date _____

(Must be a parent, coach or guardian's
signature if athlete is not 18 years of age).