



2020 SUMMER CAMP WAIVER FORM

*NOTE: Return completed waiver forms to:
QUINCY NOTRE DAME HIGH SCHOOL
C/O JACK CORNELL
1400 S 11TH QUINCY, IL 62301

*NOTE: Please make
checks payable to
JACK CORNELL

CAMPERS NAME _____ DOB ___/___/_____

AGE _____ GRADE _____ SCHOOL _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL PHONE # _____

EMAIL _____

T-SHIRT SIZE (CIRCLE ONE) S M L XL XXL XXXL

I, the parent or guardian, states that the above camper is in good health and able to participate fully in all camp activities. I also waive the rights to hold Quincy Notre Dame and its staff responsible for any injury sustained in this football camp. Due to the recent changes in the Illinois High School Association By-Laws in regard to recruiting, parents or sons must request information and authorization from Quincy Notre Dame personnel prior to their attendance at Quincy Notre Dame. Pursuant to Illinois High School Association By-Laws, I hereby authorize verbal and/or written communication from all the Quincy Notre Dame Administration, any coach and all school personnel as defined by IHSA By-Laws 3.080.

DATE ___/___/_____

PARENT/GUARDIAN SIGNATURE _____