



2013

Mail In Registration Form/Waiver

Player Name _____ Age _____
Address _____
City, State, Zip _____
School Team _____ Club Team _____
Email _____

Session: **SPEED & AGILITY CLINIC**

___ 1. June 17-20 ___ 2. June 17-20 ___ 3. July 8-11 ___ 4. July 8-11
 9-11am 12-2pm 5-7pm 7-9pm

Payment Options: (Please Check One)

\$100 paid in full ___ cash ___ check ___ card

Credit Card Payment

Name as it appears on credit card _____

Credit Card Type (Please Circle One) Visa Mastercard

Credit card number _____ Expiration date _____

Credit card holders address, city, state, zip (If different from above)

Credit card holders signature _____

Emergency Contact Information

Parent or Guardian _____ Cell Phone _____

Work Phone _____ Home Phone _____

Release

I verify that my child has been checked recently by a physician and is physically able to participate in athletic activities. Also, as a parent/guardian, I authorize any first aid or emergency care that may become necessary for my child while he/she is participating. Further, I understand that there is an inherent risk of injury in playing sports. Consequently, I hereby release and hold harmless, Elite Performance Academy, Katie Jarema, her staff and Elite Indoor Sports from liability should any injury, loss of life, or loss/damage to equipment that may occur during the camp. By executing this document, I hereby assume all risk of injury or lost or damaged property. In case of emergency, this form and signature will serve as authorization for a hospital to administer medical treatment. All pictures, videos, and contact information collected by Elite Performance Academy may be used at the discretion of Katie Jarema for promotional use.

Parent/Guardian Signature _____

Health Insurance Company _____

Policy Number _____ Date _____