

Spred'm & Shred'm

APPLICATION DEADLINE "JULY 1st" 2009

SPREDM N SHREDM- A Football Clinic

Application Form

NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ BUS. PHONE _____

EMERGENCY CONTACT # 1 _____ PHONE NO. _____

EMERGENCY CONTACT # 2 _____ PHONE NO. _____

UPCOMING GRADE -08' _____ SCHOOL _____

OFFENSIVE POSITION _____

T- SHIRT SIZE M _____ L _____ XL _____ XXL _____

I UNDERSTAND AND HAVE READ THE RELEASE ON THE BOTTOM OF THIS FORM AND AGREE TO ALL TERMS.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

INSURANCE COMPANY _____

POLICY NUMBER _____

RELEASE FORM

THE ABOVE NAMED PARTICIPANT HAS MY PERMISSION TO PARTICIPATE IN THE SPRED M N SHRED M FOOTBALL CLINIC. I UNDERSTAND AND ACCEPT THE CONDITION THAT NEITHER THE SPRED M N SHRED M CLINIC, ITS DIRECTOR OR COACHES OR THE SITE OWNER WILL ASSUME RESPONSIBILITY FOR MEDICAL AND DENTAL EXPENSES INCURRED AS A RESULT OF PARTICIPATION IN THE CLINIC. IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE PERSON OR PERSONS LISTED ABOVE. IF CONTACT IS UNSUCCESSFUL, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN/TRAINER TO RENDER MEDICAL TREATMENT TO THE PARTICIPANT. ANY EXPENSES ARISING FROM INJURY OR ILLNESS IS THE RESPONSIBILITY OF THE PERSON OR PERSONS SIGNING ABOVE. I ALSO AGREE THAT THE ENCLOSED PAYMENT OF \$80 PAYABLE TO " SPREAD CLINIC" IS NONREFUNDABLE DUE TO THE FACT THAT STAFFING WILL BE ARRANGED ACCORDING TO PRE- REGISTRATION ENROLLMENT. APPLICATIONS RECEIVED AFTER JULY 1ST WILL HAVE \$100 TUITION FOR HANDLING FEES....

Offense in High Definition