QUICK CHECK-IN FORM

(Please provide completed form at check-in.) Registration begins at 9 a.m.

PARENT'S SIGNATURE

PLEASE PRINT NAME OF PARTICIPANT:	
MEDICAL INFORMATION: American Football Specialists' program is NON-CONTACT in nature and emphasizes repetitive training in specific sports skills. The following information is for the protection of all participant parents and American Football Specialists in the event of any type of emergency.	
PARTICIPANT'S INSURANCE COMPANY	
RESTRICTIONS, MEDICAL PROBLEMS, ALLERGIES, AND MEDICATIONS CONSENT & WAIVER: I hereby consent to the directors and employees of American Football specialists ProKicker acting for me according to their best judgment in any emergency requiring medical attention. myself, my heirs, executors, and administrators, waive and release any claims against the prinstructors and the directors and employees of American Football Specialists ProKicker.com claims, damages, stolen or lost items, demand actions whatsoever in any manner resulting from traveling to and from or participating in the academy, mini-camp or private instruction. I attest verify that I am physically fit and have sufficiently trained to participate in this program. I have the brochure/application and fully understand and accept all terms of involvement in this instructions. Further, I hereby grant full permission to any and all the foregoing to use my name likeness for any publicity and/or promotional purposes without obligation or liability. (Applican accept responsibility to check with their coach or athletic director for questions regarding elig NOTE: American Football Specialists ProKicker.com reserves all rights for any staff, schedusite changes including applicant acceptance, enrollment limits, program requirements and instructional needs. I fully understand that refunds will only be considered if there is a docum medical reason. Any approved medical cancellations with refunds granted will be charged a rothanges made at anytime to ensure a safe, conducive learning environment for everyone invand to ensure accuracy of statistics recorded for rankings. It is understood that the instruction program I am registering for is a part of a nationally scheduled tour with major commitments concerning facilities, staffing and equipment. There will be NO CANCELLATIONS REGARD OF WEATHER OR TRAVEL CONDITIONS. I fully understand I am making a commitment to this program. I have read the brochure/application and fully understand and accept all terms involvement	I, for ogram for all rom my t and e read ructional and hits libility.) ule and ented minimum any volved onal
PARTICIPANT'S SIGNATURE DATE	

DATE