

**B.A.S.I.C.**  
**Football Clinic Registration Form**

To Enroll: Complete and return this registration form with the registration fee for the clinic **\$20.00**.

(Cash, Money orders or cashiers checks only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade for Fall: \_\_\_\_\_

Position: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Parent/ Guardian Release:** I, the under signed, herby certify that I am the legal guardian of the participant. I hereby give permission for staff of the clinic to seek, during the clinic, appropriate medial attention for the participant and for the medical attention to be given and for the participant to receive medical attention. In the event of accident, injury or illness, I will be responsible for any or all cost of medical treatment, except for that that is covered by the clinic's secondary liability policy.

I, the undersigned, for ourselves, our heirs, executors and administrators waive, release, and forever discharge BASIC, the clinic, and it's staff officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or lost to person or property, which may be sustained during the clinic activities or while at the clinic, whether or not damages or loss in due to negligence.

\_\_\_\_\_  
Parent/Guardian Name (Please Print):

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Parent/ Guardian E-Mail: