



# REGISTRATION & WAIVER FORM

## REGISTRATION

PARENT NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

QB NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ QB EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

SESSION DATE & LOCATION: \_\_\_\_\_

YOUTH     HIGH SCHOOL

## WAIVER

My son has permission to attend the TOP GUN QB ACADEMY. I certify that within the past 2 years, he has had a physical examination and that he is physically able to participate in football academy activities. I will be responsible for any medical or other charges in connection with my son's attendance at the TOP GUN QB ACADEMY.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

ARE THERE ANY RESTRICTIONS TO PARTICIPATION?     NO     YES (IF SO, PLEASE EXPLAIN BELOW)

\_\_\_\_\_  
\_\_\_\_\_  
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