



YMCA Football Academy QB Lab 2019



Head Trainer: Kyle Myers

Assistant Trainer: Adam

Name of Participant 1 _____ Age _____ Male / Female (circle one)

Name of Participant 2 _____ Age _____ Male / Female (circle one)

Name of Parent or Guardian _____

Address _____

Telephone (work) _____ (home) _____ (cell) _____

Parent/Guardian email address _____

Medical/Physical condition(s) or limitation(s) that we should know about: _____

Emergency Contact person if parent or guardian is not available:

Name _____ Phone _____

CHOOSE ENROLLMENT SESSION(S):

<input type="checkbox"/> November 10th - December 15th		Member	Non-member
Sundays	5:00 - 6:00 pm	\$40	\$40
11/24/19 Lab cancelled			

INFORMED CONSENT/WAIVER FOR YOUTH UNDER AGE 18

PARENT/GUARDIAN AGREEMENT: I hereby certify that _____ is in normal health and capable of participating safely in the YMCA Football Academy. I understand that the purpose of the exercise program is to develop and maintain muscular strength, flexibility and endurance. I agree to assume the risk of such exercise and agree to hold harmless the YMCA and its staff members conducting the YMCA Football Academy program from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the exercise program.

I authorize the YMCA to secure emergency medical treatment for my child under the following conditions:

1. an emergency or unanticipated condition necessitates immediate action for the preservation of the life or the health of the child (and)
2. reasonable attempts to contact me have failed.

Signature of Parent/Guardian

Date

MEMBER SERVICES DESK USE ONLY

PAYMENT RECEIVED (TOTAL): \$ _____

___ Check ___ Credit Card ___ Cash Payment Taken By: _____ Date: _____

DAXKO: "FOOTBALL ACADEMY"