



Quarterback – 8 Week Course

REGISTRATION FORM & WAIVER 2009/10

To Register, complete this registration form and mail in with camp fee check, (\$350.00), made payable to “QB Farm”. Please mail to: QB Farm; PO Box 9483; Naperville, IL 60567. **SAVE \$50** Camp Fee reduced to \$300, if received before Jan 1st.

Quarterback 8 Week Course
Saturday's 1:45pm to 3:00pm

Ages 10 to 16 - Starts Jan 30th through March 20th
Geneva High School - 415 Logan Ave. - Geneva, IL

I, _____, *legal guardian and/or parent of the student athlete named*
_____, *do further hereby release, absolve, indemnify, and hold harmless Quarterback Farm and its coaches, trainers, owners, any or all who are involved in this event of any accident, injury, or death sustained by the above named participant(s). I also give permission for any photographs taken during these activities to be utilized for promotional and marketing use by the Quarterback Farm now and in the future.*

Any offensive conduct, discrimination, harassment, sexual harassment, or other conduct offensive to a person, regardless of gender, race, color, religion, or national origin, committed by myself toward another participant or Quarterback Farm coach, staff member or representative shall not be prohibited and will result in my immediate removal from the said program, (Quarterback Farm-2009/10).

CAMPER'S INFORMATION

Camper's Name _____ Age: _____ Birth Date: _____

Address: _____ City _____, State/Zip: _____

Student Athlete's School: _____ Email Address _____

Home Phone # _____ Work Phone # _____ Cell # _____

T-Shirt Size: *(check one)* Children's Large _____ Adult-S _____ M _____ L _____ XL _____ 2XL _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home# _____ Work# _____ Cell# _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Student's Football Position(s)? _____

Interested in QB Farm Personal Training Lessons? _____