2024-2026 QUARTERBACKS' EDGE APPLICATION/RELEASE

YOU MUST HAVE A CURRENT SIGNED RELEASE ON FILE IN ORDER TO PARTICIPATE

NAME:____**GRADUATION YEAR:**_________________

ADDRESS: ____

CITY/STATE/ZIP: ____

PARENT'S CELL: _____________________________**STUDENT'S CELL:** __________________________

E-MAIL: ____

BIRTHDATE: ______/_________/________ **HEIGHT:** __________________ **WEIGHT:** ____________________

HIGH SCHOOL YOU (WILL) ATTEND: ____

PARENT/GUARDIAN NAME: ____

EMERGENCY CONTACT: __________________________________**PHONE:** ________________________________

HEALTH INSURANCE COMPANY: ____

_______**ANY CANCELLATION MADE LESS THAN 24 HOURS FROM CONFRIMED SESSION WILL REQUIRE PAYMENT IN FULL. COACH SKIP RESEVRES THE RIGHT TO AMMEND POLICY AS HE SEES FIT.**

_______**I AGREE TO CONTACT COACH SKIP IF I/MY SON HAVE EXPERIENCED SYMPTOMS OF FEVER, FATIGUE, DIFFICULTY IN BREATHING, DRY COUGH OR ANY OTHER SYMPTOMS RELATING TO COVID-19 OR ANY COMMUNICABLE DISEASE WITHIN 14 DAYS OF MY SESSION.**

RELEASE FORM: I specifically waive and release the Quarterbacks Edge Clinic, its owners and staff from any and all liability for injuries incurred while participating in the activity. Further, I have no knowledge of any physical impairment that would affect or be affected by my/ my son's participation in the Quarterbacks Edge program. I authorize the Quarterbacks Edge the use of any photographs or articles about myself/ my son for their promotional purposes and will not make any recordings without prior approval.

PARTICIPANT/PARENT/GUARDIAN:____DATE: _____/_____/________