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**2019-2021 QUARTERBACKS' EDGE  
APPLICATION/RELEASE**

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NAME: \_\_\_\_\_ GRADUATION CLASS: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_

PARENT'S CELL: \_\_\_\_\_ STUDENT'S CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

GRADE (CURRENT): \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SCHOOL YOU ATTEND: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**RELEASE FORM:** My son has permission to attend Skip Stitzell's Quarterbacks Edge Clinic. 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 son's participation in the Quarterbacks Edge program. I authorize the Quarterbacks Edge the use of any photographs or articles about my son for their promotional purposes.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*ALL participants must have a signed release with parental approval\***

**\*ABSOLUTELY NO video recording of workout sessions without prior approval\***