
**2022-2023 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 CONFIRMED SESSION WILL REQUIRE PAYMENT IN FULL. COACH SKIP RESERVES 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: ____/____/____