

First Round Training

Strength and Agility Training Camp for Female Athletes

Session 1 Grade 6-8 8:30 a.m.: _____

Cash or Check

Child's Name: _____

Sport Interest: _____

Age: _____ Grade: _____ Address: _____

Phone: _____ School: _____

Emergency Contact

Name/Phone: _____

Email: _____

If your child has any special needs/medical conditions/medications/allergies, please note:

Please send child with any special needs such as juice, snack, inhaler, or any medications with instructions. Water will be provided at the camp.

Email questions to firstroundtraining@yahoo.com

Waiver and Release

In consideration of the acceptance of this application, the undersigned, for themselves, their heirs, executors, administrators and assigns hereby agree, consent to, and approve of the participation of the applicant in the activities conducted by the Speed and Agility Training Camp for Female Athletes and hereby certify that he/she is physically fit to take part in all program activities.

The undersigned hereby waive, remise, release and forever discharge the Speed and Agility Training Camp for Female Athletes and First Baptist Church, its agents, servants or employees from any and all claims, demands, rights or causes of action of whatsoever kind or nature arising from, or by reason of, any damage loss or injury incurred by the application said activities, his presence on hand premises on which said activities are conducted, or there traveling to or from said premises. The undersigned hereby authorize the agents, servants or employees of the Speed and Agility Training Camp for Female Athletes, the act in their name, place, and stead as they in their absolute discretion deem necessary in any emergency requiring medical attention to the applicant.

Signature of Parent: _____ Date: _____

Payment is due at the time of registration. Please make check payable to Jennifer Simmons.

OFFICE USE ONLY Date Received: _____ CK# _____ Amount: _____