



2008 Pro Start Academy Registration Form

12-19 years of age

Mail Registration To: Pro Start Academy 514 Bristol Lane Birmingham Alabama 35226

Medical Treatment, Liability Release, and Appearance Agreement An agreement of compliance from must be read and signed for each participant in order to participate. This includes coaches, junior coaches, advisors, any and all volunteers who are active participants in the event.

FORM MUST BE COMPLETED. PLEASE PRINT CLEARLY

Participants Last Name _____ First Name _____ Middle _____

Parent or Legal Court Appointed Guardian Name _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Age _____ Division of Play _____ Football Positions Played _____

Name of Organization You Are Involved With _____

EMERGENCY CONTACT _____ **PHONE** _____

MEDICAL HISTORY

Allergies _____

High Blood Pressure _____

Asthma _____

Recurring sore throat/infection _____

Diabetes _____

Medications Currently Taking _____

Convulsion _____

Pre-existing Injury _____

Diabetes _____

Epilepsy.Fainting Spells _____

Migraine Headaches _____

Heart Trouble _____

Contacts/Glasses _____

Mental Disorders _____

Other _____

Other _____

Medical Conditions Currently Under Treatment _____

Insurance Carrier _____ Insurance Phone _____

Insurance Policy Number _____

I understand that by taking part in any Pro Start Academy Event(s) in the possibility of injury or sickness to my son/daughter; therefore with this knowledge I give permission for my son/daughter to participate in any event and do hereby grant permission for emergency medical members to administer immediate treatment to my child should he/she become injured or ill.

I also agree to hold harmless Pro Start Academy, their sponsors and outside organizers, respective officers, directors, employees, contractors, subsidiaries, affiliates and parent companies for any injury incurred as a result of my son/ daughter participation in any event even if it is shown that they are negligent. I give Pro Start Academy the right to film, photograph, or video tape my son/daughter for any reproductions associated or in anyway connected with said television or filmed event; particular, reproduction for use of form of advertisement for promotional purpose.

Parent or Court Appointed Legal Guardian Signature _____

Date _____