

**Email us at [info@gridironacademy.com](mailto:info@gridironacademy.com) and pre-register**

**MAIL REGISTRATION FORM WITH CHECK OR MONEY ORDER  
TO:**

**GRIDIRON ACADEMY  
P.O. BOX 7326  
WESTLAKE VILLAGE, CA. 91359**

**PLEASE WRITE CLEARLY**

Circle Sessions attending #1, #2, #3                      \$ Amount Enclosed \_\_\_\_\_

Players Name \_\_\_\_\_ **Age as of 4/1/2010** \_\_\_\_\_

Parents Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_

School & Grade **as of 4/1/10** \_\_\_\_\_

Last Year's Coach and Chapter \_\_\_\_\_

My son has my permission to attend the Gridiron Academy Football camp. I certify that Within the past two years he has past a physical examination and that now he is physically able to participate in football camp activities without restrictions. In the event of illness or injury, I give my consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for medical or other charges in connection with my son's attendance in camp.

I acknowledge that at the Gridiron Academy my son will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and that at the Gridiron Academy, he may incur a risk of injury. I specifically waive, give up and release the Gridiron camp and staff from liability for any claim for damages, injuries or illness that he may sustain at the Gridiron Academy camp. Cancellations must be received in writing. **No refunds for cancelations received within 6 days of the 1<sup>st</sup> day of the session.**

Medical Insurance Carrier \_\_\_\_\_

Primary Insured \_\_\_\_\_

Policy/Carrier/Group # \_\_\_\_\_

Parent or Guardian Signature & Date \_\_\_\_\_