



## REGISTRATION FORM

*Although your name and email address are required, please note they will not be posted or distributed.*

### Information: Quarterback / Coach

Camp Selection: \_\_\_\_\_

Package (QB = \$160 / COACH = \$50): \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth Date (Day / Month / Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

T-Shirt Size (S-M-L-XL-XXL-XXXL): \_\_\_\_\_

School / League: \_\_\_\_\_

Years Played / Coached: \_\_\_\_\_

Language (English / French / Both): \_\_\_\_\_

### Information: Parent / Legal Guardian / Coach

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### WAIVER - Please fill out, sign, and send by fax or mail (along with payment)

As a parent/legal guardian/coach, I am satisfied that, \_\_\_\_\_, is in good health and has my permission to participate in all approved activities of the RON ABOUD QB SCHOOL. I absolve the RON ABOUD QB SCHOOL, each and all of its staff, directors, sponsors, speakers, and any coaches from any and all liability resulting from \_\_\_\_\_'s participation in the approved activities. I further agree with the need to have my son/daughter examined by a physician following any illness or injury as a direct result of this camp, in order to re-establish a bill of good health and that this medical examination is my sole responsibility.

The RON ABOUD QB SCHOOL reserves the right to use pictures and videos taken during the event for promotional purposes.

Signature (Parent / Legal Guardian / Coach): \_\_\_\_\_

Date (Day / Month / Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_