



Child's Last Name (print): _____ First Name: _____

Address: _____ Apt. #: _____ City: _____ Zip: _____

Parent Email: _____ Child's Email: _____

Home Phone #: _____ Work Phone #: _____

Emergency Contact (print): _____ Emergency Phone #: _____

School Name: _____ Club Name: _____ Date of Birth: _____

Now in Grade: _____ Age: _____ Position: _____

Insurance Company: _____ Policy: _____

Note medical conditions we should be aware of _____

1. Yale Vannoy / Yale Vannoy Quarterback Academy do not maintain health insurance for injuries to the participant that may arise out of involvement in this activity.
2. By virtue of participation, my child may risk bodily injury, including paralysis, dismemberment, death, and other loss including damage to property.
3. I knowingly and freely assume all such risk for my child.
4. I release and hold harmless and promise not to sue Yale Vannoy / Yale Vannoy Quarterback Academy, its officers, agents, organizers, directors, sponsors, coaches, asst. coaches, employees or volunteers with respect to any and all such injury, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that s/he must follow all safety rules as well as any others given during this program.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child while s/he is participating in the above-named activity.
7. This agreement is binding on my heirs, personal representatives, next of kin, spouse and assigns.

This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above. I realize that participation in this program is voluntary.

Parent/Guardian Name (print): _____ Relationship: _____

Parent/Guardian (signature): _____ Date signed: _____