

A3 Performance Development Training Registration & Insurance Form

www.traina3.com

NAME: _____ SCHOOL: _____

GRADE: _____ POSITION: _____ HEIGHT: _____ WEIGHT: _____

ADDRESS/CITY/ZIP: _____

PHONE (H): _____ (Cell/Work): _____

E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

SPECIAL MEDICAL CONDITIONS (Diabetic, Allergies, Medications, Injuries, Ect.): _____

DOCTOR / HEALTH CARE PROVIDER: _____

INSURANCE PROVIDER: _____ PHONE: _____

CLINIC: _____ PHONE: _____

TRAINING FEES: \$140 Check/Cash _____

ATHLETE PRINT NAME: _____

ATHLETE SIGNATURE: _____ DATE: _____

PARENT PRINT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

I understand that my child will undergo rigorous physical training movements and agility drills that pose a risk of injury as with any form or duration of physical exercise. By signing below, I release the coaching and training staff of A3 and Vancouver School District, of any and all liabilities in which case my child is injured throughout the duration of the A3 Performance Development Camp at A3. I understand that my child must be insured through my family insurance plan, and that A3 does not provide insurance for my child upon injury.