

URBAN IMPACT FOOTBALL CLINIC PRE- REGISTRATION CARD

Please print clearly & sign the waiver on the back.

Name: _____

Address: _____

City _____ state _____ zip _____

Home Phone #: (_____) _____

Parent / Guardian: _____

Alternate # for parent / guardian: (_____) _____
Work
Cell
(circle one)

School: _____ Grade: _____ Age: _____

Date of Birth: ____/____/____ Sex: Male / Female Church: _____
(circle one)

How did you find out about the clinic? mailing poster Urban Impact Program
 friend school church other _____

PARTICIPATION WAIVER

Parent/Guardian's Name (please print): _____

I the undersigned parent/guardian, of child listed on this card, acknowledge and fully understand that each participant will be engaging in activities that may involve risk of injury and I **hereby release Urban Impact Foundation from any claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever.**

In the event of an emergency, if I am (the parent/legal guardian) not present and cannot be reached and immediate medical attention is necessary, I consent to have Urban Impact Foundation [UIF] staff//volunteers to act in my behalf and hereby grant my permission for emergency treatment to be administered until a parent/legal guardian can be reached. **I agree not to hold UIF or any staff/volunteers liable for any decisions made under this authorization for any emergency medical treatment or any accident or loss to the student however caused.**

Photo Release

I understand that pictures will be taken at this event/program for use in newsletters, flyers and other promotional material. I give permission for photographs of my child to be used by UIF and it's partners and funders.

Parent/Guardian Signature (required)

Date