## Please mail this form to Adrian Koch – 502 w. calle cajeta Sahuarita, Az.85629



Last Name:		First Na	me:		
Address:					
<u>City:</u>	State:	Zip:		Email:	
Home Phone:		Cell Pho	one:		
other's Name: Father's Name:					
DOB:Age:	Grade: Height:	Weight:	CAMP T-SHI	RT SIZE - (Circle One) S M	<u>L XL XXL XXXL</u>
Offensive Position: (Circle One)	OL (offensive Line),	TE (Tight-end),	WR (Wide receiv	ver), RB (Running back), QB (Q	uarterback),
Defensive Position: (Circle One)	LB (line Backer), DL (	Defensive Line),	DE (Defensive Er	nd), DB (Defensive back), S (Safet	<u>y)</u>
Insurance Information (Requ	<u>iired)</u>				
Medical Insurance Company	:				
Insurance Policy #:		Group#		I.D#:	
Camp Cost: \$30 Method of P	ayment (circle one)	CASH - CHEC	K - MONEY	ORDER - PAY PAL	CREDIT CARD
Name of Check / Credit Card	Holder:				
Check/Money Order #:		С	redit Card-	Visa - Master Card - America	n Express - Discover
Credit Card – Last 4 #		Exp. Date			
<ul> <li>In consideration of being allowed to parappreciates, and agrees that:</li> <li>1) The risk of injury from the activities and personal discipline may reduce</li> <li>2) I KNOWINGLY AND FREELY AS others, and assume full responsibities</li> <li>3) I willingly agree to comply with the sparticipation, I will bring such to temperature of the sparticipation, I will bring such to temperature of the sparticipation of the sparticipation</li></ul>	rticipate in any way for the <u>So</u> involved in this program is si the this risk, the risk of serious SUME ALL SUCH RISKS, the lity for my participation; and, stated and customary terms ar the attention of the nearest off rs, assigns, personal represent officials, agents and/or emploint ("Releases"), WITH RESPE HE NEGLIGENCE OF THE F	authwest All-Star Fe gnificant, including t injury does exist; an ooth known and unkr ad conditions for par- icial immediately; at atives and next of ki byees, other participa ECT TO ANY AND RELEASEES OR OT	botball Camp its r he potential for pe d, hown, EVEN IF AF ticipation. If, howe nd n, HEREBY RELF nts sponsoring age ALL INJURY, DIS THERWISE, to the	E OF LIABILITY AGREI elated events and activities, the undersign rmanent paralysis and death, and while p RISING FROM THE NEGLIGENCE OF ever, I observe any unusual significant ha EASE, INDEMNIFY, AND HOLD HAR encies, sponsors, advertisers, and, if appli SABILITY, DEATH, or loss or damage to fullest extent permitted by law.	ned, acknowledges, particular rules, equipment, THE RELEASEES or zard during my presence or RMLESS the <u>Southwest All-</u> icable, owners and lessors of to person or property,
substantial rights by signing it,				ent.	
X PARTICIPANT'S SIGNATURE				Age:	
				Date Signed:	
	FOR PARENTS/GUA (UNDER an with legal responsibility for	R AGE 18 AT TIM or this participant, do	IE OF REGISTR consent and agree	to his/her release as provided above of a	
or participation in these programs as pro-	ovided above, EVEN IF ARIS	SING FROM THE N	EGLIGENCE OF	rom any and all liabilities incident to my THE RELEASEES, to the fullest extent	permitted by law.

X\_\_\_\_\_\_ PARENT/GUARDIAN'S SIGNATURE Date Signed: \_\_\_\_\_\_