



## Summer 2-Day Passing Academy / July 16<sup>th</sup> and 17<sup>th</sup> The Fields at Real Life – Post Falls, ID

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

Email: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

School: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Grade: (Check one) 5th \_\_\_\_ 6th \_\_\_\_ 7th \_\_\_\_ 8th \_\_\_\_ 9th \_\_\_\_ 10th \_\_\_\_ 11th \_\_\_\_

Position: (Check one) Quarterback \_\_\_\_ Running Back \_\_\_\_ Receiver \_\_\_\_ Tight End \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size: XS S M L XL XXL

**Insurance Information** (Must be completed in full or application will not be processed)

Medical Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

I.D. #: \_\_\_\_\_

**Price - \$275 Payment Method – (Check One)**

\_\_\_\_\_ **Cash (Accepted at registration)**

\_\_\_\_\_ **Check - Make checks payable to “All Northwest Football”**

\*\*\*Due to limited space there will be no refunds.  
(All checks returned NSF will be assessed a \$30 fee.)

**Mail completed form, check and liability waiver to:**  
**All Northwest Football**  
**3003 W. Horizon**  
**Spokane, WA 99208**

# Liability Release

***PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE ALL NORTHWEST FOOTBALL PASSING ACADEMY.***

## Liability Release and Assumption of Risk Disclaimer

I hereby register my child for the All Northwest Football Passing Academy and authorize the staff to direct him in all camp activities. In consideration of All Northwest Football, Inc., by registering my child (or ward) to participate in its football camp, I understand that my son must have current and active medical insurance before he can attend. My son has no medical or emotional problems, which may affect his ability to safely participate in your program. In the event of injury, I authorize the All Northwest Football Passing Academy and its athletic training staff to obtain and/or administer any medical care or treatment deemed necessary. Neither I, nor my son will hold the All Northwest Football Passing Academy liable for any injuries sustained at the camp. I give my permission to utilize any camp video or photos that may include my child for any commercial use that the All Northwest Football Passing Academy (or its partners and sponsors) chooses to market and promote the All Northwest Football Passing Academy.

By signing this, I verify that I am the legal parent or guardian and that I have read and accepted all administrative policies and refund conditions as set forth by the All Northwest Football Passing Academy that are stipulated on the website and/or in the brochure.

Signature of Participant's Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Send in top form via email to [allnwfootball@gmail.com](mailto:allnwfootball@gmail.com) or mail to address below. This passing academy has limited space so it's **FIRST COME, FIRST SERVED!** Please include the Liability Release with the registration. Athletes cannot participate without completed registration and signed liability release form.

### **Mail To:**

**All Northwest Football  
3003 W Horizon Ave.  
Spokane, WA, 99208**