



allnorthwestfootball.com

2-Day Summer Session
Friday & Saturday - July 11th-12th

First Name: _____ Last Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____ School: _____

_____ Height: _____ Weight: _____ Grade: _____

5th _____ 6th _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ Birthdate: _____

_____ Position: QB _____ WR _____ TE _____ RB _____

Parent / Guardian Name & Cell Phone: _____

Email: _____

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

Medical Insurance Provider: _____

Subscriber name: _____

I.D. / Policy #: _____

Group #: _____

Summer Registration Fee: \$275

_____ Cash _____ Check - please make payable to *All Northwest Football*

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

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: _____

This passing academy has limited space so it is FIRST COME, FIRST SERVE! Please include the Liability Release with the registration. Athletes will be unable to participate without completed registration. ***Send via email to allnwfootball@gmail.com or see mail below.

Mail To: All Northwest Football

3003 W Horizon Ave. Spokane, WA, 99208