



The HUB 4-Week Winter Session

Wednesdays, January 26th - February 16th
5:00pm - 6:30pm
Grades 5th-8th

First Name: _____ **Last Name:** _____

Phone: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

School: _____ **Height:** _____ **Weight:** _____

Grade: (Check one) 5th _____ 6th _____ 7th _____ 8th _____ **DOB:** _____

Position: (Check one) Quarterback _____ Receiver _____

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 #: _____

Price - \$250

Payment Method

_____ **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: _____

***Send in top form via email to allnwfootball@gmail.com or mail to address below. This passing academy has limited space so it's **FIRST COME, FIRST SERVE!** Please include the Liability Release with the registration. Athletes will be unable to participate without completed registration and signed liability release form.

Mail To:

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