

TEAM PLAYER DEVELOPMENT CAMP/CLINIC REGISTRATION

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE:(____)____-____ CELL:(____)____-____

E-MAIL _____ AGE _____

SCHOOL _____ GRADE _____

Check the appropriate box:

- Two day camp
 - One day clinic
-

MAKE CHECKS PAYABLE TO: JDH WINNERS' EDGE

Give this application, signed waiver (below) and payment to: **Your Head Coach**

***Coaches: Please collect all forms and payments from your players and give them to the JDH Winners' Edge camp directors the day of your camp or clinic.**

WAIVER AND INFORMED CONSENT AGREEMENT

The undersigned, being the natural or adoptive parents or legal custodians of _____ in consideration of my child's participation in the activities of JDH Winners' Edge sports camps, I do hereby declare him/her to be medically able to participate in the activities offered by JDH Winners' Edge Sports Camps.

I understand that there are risks that may include disabling injury and/or death involved in all physical activities. I agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities undertaken.

I agree to hold free from any and all liability JDH Winners' Edge, LLC and its respective officers, employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors, and administrators waive, and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to him/her arising out of or connected with his/her participation in any of the activities of JDH Winners' Edge, LLC. I have been informed of and acknowledge the particular hazards and potential dangers in my child's participation in these activities.

Parent's Signature _____ DATE: ____/____/____