



Football Performance & Recruiting Camp

Presented By:



ATHLETE REGISTRATION FORM

Superior Dome (Marquette, MI)

Saturday, June 26, 2010

9:00 AM – 1:30 PM

****All Camp participants receive FREE Admission to the UP Football All-Star Game****

PLEASE PRINT ALL INFORMATION LEGIBLY IN INK. A VALID EMAIL MUST BE PROVIDED. YOU WILL ONLY RECEIVE CONFIRMATION OF YOUR REGISTRATION VIA EMAIL.

Name: _____

Address (Street, City, State, Zip): _____

Phone: (____) _____ Email Address: _____

High School: _____ High School State: _____

Position(s) Played: (Circle all positions that apply.)

-QB -RB -WR -TE -OL -DB LB -DE -DL -P -K -KR -PR -LS

GPA: _____/4.0 Year of Graduation: _____ Years Lettered on Varsity: _____

Right Handed or Left Handed: _____ T-Shirt Size: M L XL XXL XXXL

Cost: \$75 per athlete (Early Bird Special: \$65, if registration received prior to May 1, 2009)

**** Check-In will begin 30 minutes prior to session. ****

RELEVANT MEDICAL INFORMATION

Please list, on a separate sheet, any relevant medical information that may impact your ability to perform at the Recruiting Camp (asthma, injuries/surgeries, etc.)

RELEASE AND LIABILITY WAIVER

Parent or Legal Guardian Signature required for all participants under the age of 18. If participant is 18 or older sign for self on the parent/legal guardian signature line.

In recognition of and with knowledge of the fact that engaging in any form of physical activity involves a substantial risk of personal injury, I the undersigned, warrant that my child is/I am presently in good physical condition and hereby agree to assume the risk of injury that may result from the participation of activities in the Xcel Sports Training Performance & Recruiting Camp.

Therefore, in consideration for being permitted to participate in such an event, I hereby release, waive and forever hold harmless Xcel Sports Training, their agents, employees and officers, as well as the hosting facility or school district, from any and every claim, demand or act of whatever kind, arising from any bodily harm, personal injury or death resulting from any accident which may occur as a result of participation in such an event. Further, and to the same extent and scope, I release said parties from any claim whatsoever which may be attributable to the receipt of first aid or other emergency treatment rendered me in connection with my participation in such an event.

I, the undersigned, also give permission to use any pictures or video that is obtained of participant while in attendance at the Camp.

I, the undersigned, affirmatively swear that I am the parent or legal guardian of the participant/the participant and am fully competent to and do hereby execute this release and waiver on behalf of that individual, heirs or assigns/myself. I further represent and warrant that I have read and fully understand the terms of this document and their legal significance.

In witness whereof I have voluntarily and without inducement from any party execute this Release and Waiver.

Parent/Legal Guardian Name (Print) _____ Date _____

Parent/Legal Guardian Signature _____

To be eligible to participate in the Performance & Recruiting Camp, all requested information, including non-refundable payment of \$75.00, must be completed and returned to Xcel Sports Training.

Make checks payable to: Xcel Sports Training

Mail registration and payment to:
Xcel Sports Training
PO Box 620733
Middleton Wisconsin 53562