The Legend Series: Abdi Bile Clinic
REGISTRATION FORM

I am interested in attending, please check all that apply:

March 20th Sat. 1- 4pm
☐ **Coach Fee $25**
☐ **Player Fee $75**

Total $ _____

Coach/Player Information: Contact Telephone #: _____
(Please Print)
Last Name: _____ First Name: _____
Age _____ Birth Date: ___/____/_____ School Name: _____ Grade: _____
Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Parent Information:
Father's Name: _____
Email: _____
Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Name: _____
Email: _____
Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Telephone #: _____

Please list child medical conditions staff should be aware of during the program (e.g., asthma, allergies, etc.): _____.

Please Note:
Please dress in layers - workout attire (e.g., shorts and tee shirt), sweatsuit, hat and gloves. Bring a comfortable pair of cross-training running shoes. Sessions will be conducted indoors outdoors. Please dress accordingly.

Important: Drink plenty of water during the day of training. Bring water bottle to training and bring light lunch.

Medical Waiver Information:
I hereby grant permission for my child _____ to participate in speed and conditioning activities (e.g., drills, polymeric training, maneuvers, etc.). In the event of injury or illness, I hereby grant permission for the Abdi Bile Clinic personnel to handle any medical emergencies legally in the case that all emergency contacts can not be reached. Furthermore, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor. I agree to assume all risk incidentals to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify and agree to hold harmless The Flint Hill School, Flint Hill staff, Abdi Bile Clinic personnel, attending Coaches, Special Forces Unlimited, its officials, sponsors, supervisors, board members and persons managing my child.

Use of Photographic Images:
I hereby grant Flint Hill or Abdi Bile Clinic personnel permission and the right to maintain and use my child's photographic and electronic images and names throughout the year in a professional and ethical manner with out pursuing additional fees and waiving any claims of liability as it relates to privacy.

_____ _____ _____
Print – Parent/Guardian Name **Signature** **Date**

For Office Use Only:
☐ Form rec'd: ___/___/___ ☐ Session start date_____ ☐
☐ Rec'd check: # _____ ☐ # of Sessions: __
☐ Amount rec'd: $_____ ☐
☐ Rec'd by: _____ ☐ # of Sessions attended: ____