



## Combine Registration and Release Form

Please complete this form and bring to the Sharon Pop Warner Punt, Pass and Kick competition.

### Personal Information

Athlete Name: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please list any medical conditions, injuries or other health information that we should be aware of:

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Please check here if you would like to attend a Free trial session for a Velocity Sports Performance training program.

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### Liability Release and Parental Consent Form

I, the parent/guardian of the child named above, do hereby agree to allow my child to participate in the Velocity Sports Performance testing activity. I assert that the child is mentally and physically capable of participating in the testing activity. I understand that athletic activity and participation in said activity involves risks, including injury. I hereby release, hold harmless and discharge from all liability, and agree not to sue, Velocity Sports Performance and its coaches, staff, officers, directors and volunteers, from participation in these activities. I also give Velocity Sports Performance authorization for consent and to seek medical treatment in case I or my designated Emergency Contact cannot be reached. I will assume all costs incurred for emergency care. I also give Velocity Sports Performance permission to use my child's photo in future promotional brochures, posters, websites and other publicity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_