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**THE QUARTERBACKS EDGE APPLICATION/RELEASE 2012**

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NAME: \_\_\_\_\_ GRAD YR. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PARENT'S CELL #: \_\_\_\_\_ STUDENT'S CELL #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

GRADE (CURRENT): \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/19\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ APPRX. 40 TIME: \_\_\_\_\_

SCHOOL YOU ATTEND: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

EMEGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR HEALTH INSURANCE COMPANY: \_\_\_\_\_

**RELEASE FORM:**

My Son has permission to attend Skip Stitzell's Quarterbacks Edge Clinic. I specifically waive and release the Quarterbacks Edge Clinic, its owners and staff from any and all liability for injuries incurred while participating in the activity. Further, I have no knowledge of any physical impairment that would affect or be affected by my son's participation in the Quarterbacks Edge program. I authorize the Quarterbacks Edge the use of any photographs or articles about my son for their promotional purposes.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*all participants must have a signed release\*

\*No player will be accepted without parent/guardian approval\*