



REGISTER ON-LINE OR COMPLETE FORM, SIGN AND EMAIL TO:
KICKIT@PROKICKER.COM 10 DAYS PRIOR TO THE START OF SESSION



NAME _____

ADDRESS _____



CITY _____ STATE _____ ZIP _____



PHONE _____ EMAIL _____



AGE _____ BIRTHDATE _____ HEIGHT _____ WEIGHT _____

PARENTS' NAMES _____



SCHOOL/COLLEGE _____ GRADE [FALL 2014] _____ GRADUATION YEAR _____

VARSITY COACH _____



- POSITIONS :
- SOCCER KICKER
 - SOCCER KICKER | PUNTER
 - STRAIGHT-ON KICKER
 - STRAIGHT-ON KICKER | PUNTER
 - PUNTER
 - LONG SNAPPER

circle the
position(s)
you play



LOCATION OF CAMP _____



DATES OF CAMP _____

telephone : 606.327.0051 email : kickit@prokicker.com

business hours : 8am-5pm EST Monday-Friday

www.prokicker.com



- \$450 FULL ACADEMY TUITION [CHECKS WILL NOT BE ACCEPTED AT REGISTRATION]
- \$175 ACADEMY DEPOSIT [DEPOSIT ONLY APPLIES TO THE \$450.00 FULL ACADEMY TUITION]
[\$275.00 BALANCE DUE 10 DAYS PRIOR TO START OF SESSION]
- \$325 One Day Kicking Camp
- \$175 One Time Skill Charting Only Camp
- \$325 Two Time Skill Charting Only Camp
- \$150 Youth Camp
- \$100 Skill Technique Video
- \$140 Skill Technique Video Kit Package
- CASHIER'S CHECK OR MONEY ORDER
[ENCLOSED AND MADE PAYABLE TO PROKICKER.COM]
- VISA, MASTERCARD OR DISCOVER

CREDIT CARD NUMBER

EXP. DATE

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CARD HOLDER NAME

MEDICAL INFORMATION:

The ProKicker.com program is NON-CONTACT in nature and emphasizes repetitious training in specific sports skills. The following information is for the protection of all participants, parents and ProKicker.com in the event of any type of emergency.

PARTICIPANT'S INSURANCE COMPANY

RESTRICTIONS, MEDICAL PROBLEMS, ALLERGIES, AND MEDICATIONS

CONSENT AND WAIVER: I hereby consent to the directors and employees of ProKicker.com acting for me according to their best judgment in any emergency requiring medical attention. I, for myself, my heirs, executors, and administrators, waive and release any claims against the program instructors and the directors and employees of ProKicker.com for all claims, damages, stolen or lost items, demand actions whatsoever in any manner resulting from my traveling to and from or participating in the academy, camp, private instruction, any event or competition. I attest and verify that I am physically fit and have sufficiently trained to participate in this program. Further, I hereby grant full permission to any and all the foregoing to use my name and likeness for any publicity and/or promotional purposes without obligation or liability. I understand that ProKicker.com may share my contact information with college coaches and recruiters for college participation and scholarship opportunities. (Applicants accept responsibility to check with their coach or athletic director for questions regarding eligibility). NOTE: ProKicker.com reserves all rights for any staff, schedule and site changes including applicant acceptance, enrollment limits, program requirements and instructional needs. I fully understand that refunds will only be considered if there is a documented medical reason. Any approved medical cancellations with refunds granted will be charged a minimum of \$75.00. Additionally, ProKicker.com reserves all rights for any changes made at any time to ensure a safe, conducive learning environment for everyone involved. I fully understand that the focus of this program is on the participants. Anyone who is allowed to watch the activities must remain in designated areas determined by staff. I fully understand that there is to be no interaction with participants during the scheduled time of the event. Any distractions / interference with the participants deemed by the ProKicker.com staff - at any time during the scheduled time of the event will not be tolerated and appropriate measures will be taken. Also, I fully understand that no pets are allowed at any event for obvious sanitary and safety reasons. ProKicker.com reserves all rights for any changes / adjustments of scores made at any time to ensure accuracy of statistics especially those recorded for rankings. It is understood that the instructional program I am registering for is a part of a nationally scheduled tour with major commitments concerning facilities, staffing and equipment. There will be NO CANCELLATIONS REGARDLESS OF WEATHER OR TRAVEL CONDITIONS. I fully understand I am making a commitment to attend this program. I have read the brochure/application and fully understand and accept all terms of involvement in this event / instructional program.

PARTICIPANT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE