



REGISTER ON-LINE OR COMPLETE FORM, SIGN AND FAX  
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 2010] \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

VARSITY COACH \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_



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

LOCATION OF CAMP \_\_\_\_\_



DATES OF CAMP \_\_\_\_\_

telephone : 606.327.0051 fax : 606.327.0052  
business hours : 8am-5pm EST Monday-Friday

**www.prokicker.com**



\$425 FULL ACADEMY TUITION [CHECKS WILL NOT BE ACCEPTED AT REGISTRATION]

\$150 ACADEMY DEPOSIT

[ \$275.00 BALANCE DUE 10 DAYS PRIOR TO START OF SESSION ]

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.

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PARTICIPANT'S INSURANCE COMPANY

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RESTRICTIONS, MEDICAL PROBLEMS, ALLERGIES, AND MEDICATIONS

**CONSENT AND WAIVER:** I hereby consent to the directors and employees of American Football Specialists | ProKicker.com acting for me according to their best judgement 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 American Football Specialists | ProKicker.com for all claims, damages, stolen or lost items, demands or actions whatsoever in any manner resulting from my traveling to and from or participating in the academy, mini-camp or private instruction. 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. (Applicants accept responsibility to check with their coach or athletic director for questions regarding eligibility.) NOTE: American Football Specialists | 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, American Football Specialists | ProKicker.com reserves all rights for any changes made at anytime to ensure a safe, environment conducive to learning for everyone involved and to ensure accuracy of statistics 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 AND (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 instructional program.

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PARTICIPANT'S SIGNATURE

DATE

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PARENT'S SIGNATURE

DATE