

REGISTER ON-LINE OR COMPLETE FORM AND HAVE SIGNED 10 DAYS PRIOR TO START OF SESSION

APPLICATIION

NAME

ADDRESS

CITY STATE ZIP

PHONE EMAIL

AGE BIRTHDATE HEIGHT WEIGHT

PARENTS' NAMES

SCHOOL | COLLEGE GRADE (FALL2010) GRADUATION YEAR

VARSITY COACH T-SHIRT SIZE

LOCATION OF CAMP

DATES OF CAMP

Register online or complete the application form and send it along with a check, money order or credit card information for the full amount of tuition (\$425) or the required Academy Partial Payment of \$150.00 to:
Prosnapper.com
PO Box 1884 Ashland, KY 41105
or register by fax | 606.327.0052
telephone | 606.327.0051
business hours | 8am-5pm EST | Monday-Friday

\$425.00 FULL ACADEMY TUITION (Checks will not be accepted at registration)

\$150.00 ACADEMY PARTIAL PAYMENT

(\$275.00 BALANCE DUE 10 DAYS PRIOR TO START OF SESSION)

CHECK OR MONEY ORDER

enclosed and made payable to Prosnapper.com

VISA, MASTERCARD, OR DISCOVER

CREDIT CARD NUMBER

EXP. DATE

CARD HOLDER NAME

MEDICAL INFORMATION:

The Prosnapper.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 Prosnapper.com in the event of any type of emergency.

PARTICIPANT'S INSURANCE COMPANY

RESTRICTIONS, MEDICAL PROBLEMS, ALLERGIES, AND MEDICATIONS

CONSENT & WAIVER: I hereby consent to the directors and employees of American Football Specialists | Prosnapper.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 | Prosnapper.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 | Prosnapper.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 | Prosnapper.com reserves all rights for any changes made at anytime to ensure a safe, conducive learning environment 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.

PARTICIPANT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE