

PROKICKER.COM “QUICK” CHECK-IN FORM

(Please provide completed form at check-in.)

NAME: _____
(PLEASE PRINT)

MEDICAL INFORMATION:

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

PARTICIPANT’S INSURANCE:

RESTRICTIONS:

(MEDICAL PROBLEMS, ALLERGIES, AND MEDICATIONS)

CONSENT & 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 / GUARDIAN SIGNATURE

DATE