

TRAINING APPLICATION

GRIDIRON TRAINING, LLC.

www.gridirontrainingathletics.com

SUMMER SESSION

(June 14th, 2010 – August 20th, 2010)

All Checks must be made out to **GRIDIRON TRAINING, LLC.**
Please mail Registration Form along with payment to:

**GRIDIRON TRAINING
P.O. BOX 1084
Marblehead, MA. 01945**

Name _____

School/Program _____

Age _____

Grade _____

Address _____ **City** _____ **State** _____

Zip Code _____

Phone _____

Email _____

Parent(s) _____

Emergency Contact _____

Relationship _____ **Phone** _____

MEDICAL RELEASE

Gridiron Training, LLC. is concerned with the health and well-being of it's athletes, and those who participate in training programs with us. However, we do not provide physical examinations for athletes or any participants who train in our programs. Therefore, it is necessary for such individuals to certify that they are in adequate physical condition to participate in the training programs that are provided and to release Gridiron Training, LLC. From liability for not providing medical examination, athletic trainer's examinations or physical fitness assessments. Gridiron Training, LLC. urges all athletes and participants in any of our programs to undergo a physical examination before any of your training begins.

I (Name of Athlete) _____ warrant that I am in adequate physical condition for the purpose of participating in Gridiron Training, LLC. training programs. I am informed that Gridiron Training, LLC. and their respective coaches as well as their employees and assistants are not responsible for knowing my physical condition at this time. Further, Gridiron Training, LLC. and their coaches and employees and assistants are not responsible for granting me medical clearance to participate in Gridiron Training, LLC. training programs.

In consideration for Gridiron Training, LLC. granting him permission to engage in said training programs, I hereby release Gridiron Training, LLC. from any and all liability, claims, costs, expenses, injuries or losses that I (Name of Athlete) _____ may have, attributable in whole or in part to my not having been physically examined by a physician. Further, I hereby assume the risk of any and all injuries, even those that are life threatening, that occur as a result of participation in training programs with Gridiron Training, LLC.

Athlete's Name (Please Print) _____

Athlete's Signature _____

Date _____

Parent/Legal Guardian Signature (If Under Age 18) _____