



PRESENTS
5th ANNUAL
MID-ATLANTIC KINGS OF THE GRIDIRON
YOUTH FOOTBALL SKILLS CLINIC

****FREE—FREE—FREE****

Saturday June 1st, 2019

9:00 a.m. – 2:30 p.m.

WASHINGTON TERRACE PARK

101 GORDON STREET HIGH POINT, NC

SPECIAL GUESTS:

Greg Jeffries – 8 year NFL Veteran (Detroit Lions & Miami Dolphins)

Marquell Cartwright – First Team ALL MEAC Performer (NC A&T State University)

Lamar Raynard – 2017 MEAC Offensive MVP (NC A&T State University)

PERMISSION FORM PLEASE PRINT

Date of Birth: Month _____ Day _____ Year _____

Child's Name: First: _____ Middle Initial: _____ Last: _____ Nickname: _____

Street Address: _____ City/State: _____ Zip: _____

Phone Cell / Home: (_____) _____ Emergency Contact Phone: (_____) _____

E-mail address: _____

Please Circle Shirt Size and Age Group

Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Age Group: 6U (5-6) 8U (7-8) 10U (9-10) 12U (11-12) Middle School (13-14) High School JV (15-16) High School Varsity (17-18)

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT (Each participant MUST turn in this waiver form before participating in any sanctioned event) I voluntarily agree to participate, or for my children to participate, in the Mid-Atlantic Kings of the Gridiron Youth Football Skills Clinic. I, hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against Elite Performance Sports NC, Inc. (EPSNC), its board members, co-sponsors and/or other affiliates. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all cost incurred as a result of said treatment. I hereby give permission to Elite Performance Sports NC, Inc. to use my or my children's photographs as they see fit in their seasonal recreational brochure. I understand the photograph belongs to EPSNC and I will not receive payment of any kind. I, hereby certify that, as the parent/guardian for my child, I have legal responsibility for and authority to sign this RELEASE AND WAIVER on behalf of my child. I further certify that I have read this RELEASE AND WAIVER in full, understand the same and have signed it voluntarily and without any duress or coercion.

Parent's /Guardian's Name: _____

Parent's Signature: _____ Date Signed: ____/____/____

*****LUNCH AND CAMP T-SHIRT PROVIDED TO ALL PARTICIPANTS WHILE AVAILABLE*****