



Preparing To Be The Best

July 15th - 16th, 2017
Saturday - Sunday

Burlington Rec Plex | 501 S Broadway St. | Burlington, IA

ATHLETE INFO

First Name _____ Last Name _____
 Birth Date (mm/dd/yyyy) _____ Age (at time of camp) _____ Grade _____
 Home Address _____
 City _____ State _____ ZIP _____
 Home Phone _____ Cell Phone _____
 Email _____ Facebook Profile _____
 School Name _____

Height (ft. in.) _____ Weight (lbs.) _____

Position, Offense (Must choose 1) Position, Defense (Must choose 1) Adult T-Shirt Size
 QB DB S XL
 RB LB M 2X
 WR DL L 3X
 TE
 OL

Option	Days	Sessions	Lunch	Fee	Total
MKFA	2	5	YES	\$150	\$150
Youth Academy	2	2	NO	\$75	\$75

Register online or access additional information at:

www.mitchkingsfootball.com

PARENT / GUARDIAN INFO

First Name _____ Last Name _____
 Home Address _____
 City _____ State _____ ZIP _____
 Email _____ Facebook Profile _____
 Work Phone _____ Cell Phone _____
 Cell Phone Provider _____

By giving us your cell provider, you are authorizing us to send a text message out to your mobile phone number listed above. We may notify you of any last minute changes to the published schedule or contact you with non-critical information about your child. Standard text messaging rates apply.

Please send your non-refundable / non-transferable \$100 deposit or Full payment & your:

1. Registration Form
2. Waiver & Release of Liability Form

TO: Mitch Kings The Extra Heartbeat Academy
P.O. Box 814
Burlington, IA 52601

PAYMENT INFO

Payment by: (Check one) Attached Check: Check# _____
 eCheck Routing Number _____ Account Number _____ Name on Check _____ Zip _____
 Visa MasterCard Discover
 Cardholder Name _____ Cardholder signature _____ Exp. Date _____
 Credit Card Number _____ Security code _____

EMERGENCY

CONTACT INFO

First Name _____ Last Name _____
 Relationship _____ Phone Number _____
 Please list ANY, allergies, special medical conditions or health/Safety concerns _____
 Physician Name _____ Physician Phone Number _____

MEDICAL RELEASE IS

MANDATORY:

A completed & signed medical release form must be received in order to participate, **NO EXCEPTIONS.**



WAIVER AND RELEASE OF LIABILITY, AUTHORIZATION TO SECURE MEDICAL TREATMENT AND CONSENT AGREEMENT

In consideration of being permitted to participate in Mitch King's The Extra Heartbeat Football Academy, Youth Academy, the undersigned, on behalf of the undersigned and the participant, if a child or ward of the undersigned, does hereby release The Mitch King Extra Heartbeat Academy, Inc., its officers, directors, employees, volunteers, affiliated entities, successors, agents, heirs, successors, heirs, assigns and insurers and all other persons, firms and corporations; (collectively the "Released Parties") from any and all liability or claims whatsoever, including claims for bodily injury, death or damage to property, demands, damages, actions, causes of actions, suits, lawsuits, judgments, obligations and any liabilities, costs and expenses (including but not limited to attorneys' fees and court costs) (collectively the "Claims") which we or either of us have, may have, or ever claim by reason of attending, participating in, or being transported to or from Mitch King's The Extra Heartbeat Football Academy, and/or the Youth Academy. To the fullest extent provided by law, the undersigned waives his/her, and his/her child's or ward's right to assert any Claim against the Released Parties. This waiver and release shall apply to those acts or omissions, negligent or willful misconduct caused by the Released Parties, whether active or passive. The Released Parties shall not be obligated for Claims found to be due to the ordinary negligence or willful misconduct of any Released Parties. The undersigned acknowledges that we are executing this Release solely in reliance upon our own knowledge, belief, and judgment and not upon any representations made by any party released or others on their behalf.

I hereby authorize and give my consent to the staff/volunteers of Mitch King's The Extra Heartbeat Football Academy and/or the Youth Academy to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary for myself, my child or my ward, as the case maybe, in connection with, including transportation to or from, Mitch King's The Extra Heartbeat Football Academy and/or the Youth Academy. I understand that should an emergency medical problem arise, an attempt will be made to contact me as soon as the staff deems it is medically prudent and safe to do so given the nature of the medical problem. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional. I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp. I authorize the disclosure of medical information to the insurance company listed below for the purpose of any claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity, as well as the use of any and all photographs, videos, audio or any other type of media taken of, produced and/or published of the above-named camper for purposes of promotional materials or any other type of media produced and/or published by Mitch King's The Extra Heartbeat Football Academy, for promotion or publication of the same.

THIS DOCUMENT IS A RELEASE AND WAIVER AND BY SIGNING BELOW, THE PARTIES ACKNOWLEDGE THEY HAVE READ AND FULLY UNDERSTAND THE LANGUAGE CONTAINED HEREIN.

X _____
Parent/Guardian Signature Printed Name Date

X _____
Camper Signature (if 18 years old) Date

TO PARTICIPATE IN CAMP ACTIVITIES, WE MUST HAVE THIS FORM PRIOR TO REGISTRATION.

Camper's full legal name _____
PLEASE PRINT

Birthdate ___/___/_____

Session Circle all that apply: Football Camp Youth Academy

Emergency Contact Information

Name _____
Parent/Guardian (print/type)

Emergency Phone _____

Address _____

Relationship _____

City _____

Insurance Company _____

State _____ ZIP _____

Policy Number _____

Emergency Contact _____

Policy Holder _____

Insurance Co. Phone _____

Contact by email at: info@mitchkingsfootball.com

Please Mail to:
Mitch King's The Extra Heartbeat Academy
PO Box 814
Burlington Iowa 52601