



Football Academy Registration Form

Please return back to Velocity Sports Performance – Santa Clarita Valley

I give my child _____ permission to participate in the Velocity Football Academy. I understand that there is possibility for injury while participating in the academy, and agree to let the employees of Velocity Sports Performance act in their best judgment in case of sickness or injury. I hereby grant Velocity Sports Performance permission to use any photographs or videos of my child for promotional purposes. My signature below indicates that (1) I will not hold Velocity Sports Performance responsible if injury or sickness does occur, (2) my son/daughter is mentally & physically capable of participating in this camp, (3) his/her participation is voluntary and (4) I voluntarily permit his/her participation.

Player's Name: _____ Age: _____

School: _____ Grade: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Emergency Phone: _____

Alternate Contact: _____ Alt. Contact Phone: _____

Email Address: _____

Parent's Signature: _____

Date: _____

*High School players only: Offense - QB ___ WR ___ RB ___ OL ___ Defense – DB ___ LB ___ DL ___

*Youth players: Offense ___ Defense ___

Choose 1 or more Packages: A(Off.) ___ B(Def.) ___ C(Off.) ___ D(Def.) ___ (dates on reverse side)

High School Players: \$129 per Quarter

Youth Players: \$99 per Quarter

Please understand this camp is non-refundable. Thank you for your cooperation.

Total Amount: _____

(Make **Checks** payable to Velocity Sports Performance OR provide the following **Credit Card** information)

Payment Type: _____ (Visa or MC only) Credit Card #: _____

Expiration Date: _____ CCV Code (on back of card): _____

Signature: _____

Fax OR Mail to:

Velocity Sports Performance – Santa Clarita Valley

25461 Rye Canyon Rd. Santa Clarita, CA 91355 (661) 294-4000; Fax: (661) 294-4004

Website: <http://www.velocitysp.com/scv>