

# Top Tier Training Camps Application and Waiver Form

Complete the form below and return it to your coach with your physical or bring it with you.

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_ Gender: \_\_\_\_\_

Home phone: \_\_\_\_\_ Your cell # \_\_\_\_\_

Work phone: \_\_\_\_\_ Parents cell # \_\_\_\_\_

High School Attending: \_\_\_\_\_ E-mail address \_\_\_\_\_

Current weekly mileage level \_\_\_\_\_ Top weekly mileage level ever \_\_\_\_\_ T-shirt size \_\_\_\_\_

## Waiver and Release

I, intending to be legally bound, do hereby release and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue to me against the Top Tier Training camps or its or their respective officers, counselors or coaches for any or all damages which may be sustained or suffered by me in connection with my participation in, and/or rising out of my traveling to or returning from the Top Tier Training camps. Applicant further attests that he/she is physically fit and has sufficiently trained to participate in all events. Further, applicant attests that his or her health insurance will cover any medical and hospital expenses that he or she incurs; and that he or she has passed a sports participation medical exam within the past year.

## Waiver and Release Affirmation

I have read and hereby accept the conditions described on this form. As the legal guardian of a minor applicant, I also give permission for myself (or the minor child) to be treated by an athletic trainer, coach or doctor if needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participants signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Group # \_\_\_\_\_

Restricted diets, allergies, medications or conditions we should be aware of:

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