

PEAK PERFORMANCE QUARTERBACK SCHOOL

Please complete the following information to enroll your athlete.

Athlete's Full Name _____
Nickname _____
Date of Birth _____ Upcoming Grade: _____
School _____
Home Address _____
City/State/Zip _____
Parent/Guardian Full Name _____
Parent/Guardian Email _____
Daytime Phone _____ Cell Phone: _____
Emergency Contact Name _____ Emergency Phone: _____

Medical/Waiver Agreement - My signature below verifies that I understand that I am solely responsible to provide and pay for all medical treatment(s) for my player. I further absolve PPQBS, Jimmy Wallace and/or anyone associated with PPQBS from any responsibility for injuries incurred while attending camp.

Insurance Company Name _____
Insurance Policy Holder _____
Insurance Policy # _____
Insurance Company Phone _____
Primary Physician _____
Physician's Phone _____
Parent/Guardian Signature _____ Today's Date: _____

Photo Disclaimer - During our QB training sessions, photographs or video may be taken for use in print or electronic promotions as well as for session review. No photos or video will be sold or licensed to any third party.

Players will need to bring the following items to each of the PPQBS camp sessions: football shoes, shorts, football (applicable to playing level, hat and water bottle.

Sessions are \$25 each.

Payment Terms - Please make check or money order payable to: Peak Performance Quarterback School, LLC.

Total # of sessions: _____ x \$25 = \$_____ amount due.