



2012 WINTER INDOOR TRAINING APPLICATION

Name: _____

Address: _____

Phone: _____

Email: _____

Gender: Male _____ Female _____

Age: _____

Parent/Guardian Name: _____

Mail Check and Application to:

LDGA

P.O. Box 1671

Kennesaw, GA 30156

Consent:

I, _____ hereby permit my child to participate in the Winter Indoor GK Training at Game On Sports, conducted by Ron Apollon and Dan Pietro. By the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program Ron Apollon and Dan Pietro shall be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, hereby intending to release all personnel associated with this program from liability that may result from his/her participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached.

I consent to the terms above: Yes _____ No _____

Parent/Guardian Signature: _____

Agreement Date: _____

Camper's Name: _____

Emergency Contact: _____

Emergency Phone #(s): _____ Relationship: _____

Insurance Carrier: _____ Policy Number: _____

Physician: _____

Physician Phone #: _____

Known Allergies: _____