

# Grizz Athletic Performance

## 2019 QV Soccer Summer Strength and Conditioning Program

Name: \_\_\_\_\_

Grade In Fall 2019 \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parent Contact Numbers:

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

Home: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

Athletes Cell Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

Athletes E-Mail: \_\_\_\_\_

Athletes T-Shirt Size (Adult) \_\_\_\_\_

Date of 2019-20 School Year Physical: \_\_\_\_\_

Please list any previous or current injuries or surgeries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We hereby give our consent and approval to the participation of the applicant in the program conducted by the Grizz Athletic Performance Staff, and we certify that he/ she is physically fit to take part in all activities. Further, we do hereby waive, and release said organization, its staff officer, representatives, coaches, and employees from any or all claims for damages, injury, or loss of property during the camp stay.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: See Information Sheet

Once the registration and the Consent for Medical-Surgical Care and treatment forms are filled out please drop them off along with the cash/ check to Derek at the high school or send them to:

Derek Clark  
129 Cole Dr  
McKees Rocks, PA 15136

If you have any questions please contact Derek at:  
402-540-4857

[clarkd@qvsd.org](mailto:clarkd@qvsd.org) or  
[dclark09@hotmail.com](mailto:dclark09@hotmail.com)

