

Schuylkill United Way Youth Football Skills Clinic (Grades 1-8)

Application Form



Location: Schuylkill Haven High School Rotary Field

Date: Tuesday, June 25, 2019

Registration: 3:30 p.m.—4:00 p.m.

Rain Date: Thursday, June 27, 2019

Clinic Start Time: 4:00 p.m.— 4:45p.m.

Application Fee: \$5

Application Deadline: May 31, 2019

The Youth Football Skills Clinic will take place prior to the start of the H.S. Football Challenge.

Name of student: _____

School District: _____ **Upcoming Grade:** _____

Parent Email: _____ **Phone:** _____

****Player Position (circle one):** Lineman — Wide Receiver — Running Back — Quarterback **

I agree to bring my child to the Schuylkill United Way (SUW) High School Football Challenge—Youth Football Skills Clinic and accept responsibility for the actions of my child. I understand the Schuylkill United Way will have safety measures in place at the event and I ensure that my child will follow them.

Signature of Student

Signature of Parent

Date

Date

Return form: Scan/email: Christine Johnson at dircomrel@schuylkillunitedway.org

Mail to: Schuylkill United Way
9 North Centre Street, Suite 301
Pottsville, PA 17901

Fax: 570-622-7424 Phone: 570-622-6421

All Proceeds benefit the Schuylkill United Way.

Liability Release

In consideration for being permitted to participate in this Schuylkill United Way Youth Football Skills Clinic, which will be held at Schuylkill Haven High School Rotary Field on June 25, 2019 (rain date June 27, 2019) (the "Event"), I (or if under 18 my parent or legal guardian) hereby agree to release, discharge and agree to indemnify and hold harmless both the Schuylkill United Way and Schuylkill Haven High School District and each of their trustees, officers, employees and representatives from any and all causes, liabilities, damages, claims, or demands whatsoever resulting from my participation in this Event.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. By my signature below, I hereby acknowledge that I am at least 18 years of age or this has been signed or countersigned by my parent or legal guardian.

Printed Name: _____

Signature: _____ Date: _____

If under 18, Print Name of Parent or Legal
Guardian: _____