

RETURN COMPLETED REGISTRATION FORM(S) BY **FRIDAY, MAY 6 2011**, TO:
(Please complete a separate form for each person registering. Feel free to duplicate this form. One check may accompany any number of registrations.)

**COACH HAL RIDDLE
HEWITT-TRUSSVILLE HIGH SCHOOL
6450 HUSKY PARKWAY
TRUSSVILLE, AL 35173**

MAKE CHECKS FOR \$50 (OR \$40 FOR SNAPPERS) PAYABLE TO: **HEWITT-TRUSSVILLE HIGH SCHOOL**

NAME _____ NICKNAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

SCHOOL _____ SCHOOL LOCATION _____

FOOTBALL COACH _____ COUNTY _____

GRADE IN 2011-2012 _____ AGE _____ HEIGHT _____ WEIGHT _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

PARENTS' NAMES _____ E-MAIL ADDRESS _____

HOME PHONE (_____) _____ BUSINESS PHONE (_____) _____
CELL PHONE (_____) _____ CAMPER'S CELL PHONE (_____) _____

PLEASE INDICATE **ONE (1) PREFERENCE** FOR STUDY ON **SATURDAY, MAY 14, 2011**:

- _____ SOCCER-STYLE PLACEKICKING
- _____ CONVENTIONAL (STRAIGHT-ON) PLACEKICKING
- _____ PUNTING
- _____ SNAPPING

RIGHT-FOOTED or LEFT-FOOTED? _____ YEARS OF FOOTBALL EXPERIENCE _____

I, the undersigned, do hereby assume responsibility for any accident or injury that may result from participation of the above named athlete in the Birmingham Metro Kicking Clinic. I hereby remise, release, and forever discharge the Birmingham Metro Kicking Clinic, their agents, sponsors, personnel, and Hewitt-Trussville High School and the Jefferson County School System from suits of law, of whatever kind or nature, regarding the above named participant.

INSURANCE COMPANY _____ POLICY NUMBER _____

PARENT'S SIGNATURE _____ DATE _____