



RETURN COMPLETED REGISTRATION FORM(S) BY **FRIDAY, MAY 06, 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 KEMPER AMICK, CLINIC DIRECTOR  
COLUMBIA HIGH SCHOOL  
1701 WESTCHESTER DRIVE  
COLUMBIA, SC 29210**

MAKE CHECKS FOR \$45 (OR \$40 FOR SNAPPERS) PAYABLE TO: **CAROL WHITE KICKING CLINIC**  
SCHOOLS ENROLLING 3 PLAYERS MAY PAY A FLAT FEE OF \$100.

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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 (\_\_\_\_\_) \_\_\_\_\_

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PLEASE INDICATE **ONE (1) PREFERENCE** FOR STUDY ON **SUNDAY, MAY 15, 2011**:

\_\_\_\_\_ SOCCER-STYLE PLACEKICKING

\_\_\_\_\_ CONVENTIONAL (STRAIGHT-ON) PLACEKICKING

\_\_\_\_\_ PUNTING

\_\_\_\_\_ SNAPPING

RIGHT-FOOTED or LEFT-FOOTED? \_\_\_\_\_ YEARS OF FOOTBALL EXPERIENCE \_\_\_\_\_

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I, the undersigned, do hereby assume responsibility for any accident or injury that may result from participation of the above named athlete in the Columbia Area Kicking Clinic. I hereby remise, release, and forever discharge the Columbia Area Kicking Clinic, their agents, sponsors, personnel, and the Lexington, Fairfield, and Richland County School Systems from suits of law, of whatever kind or nature, regarding the above named participant.

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_