

RETURN COMPLETED REGISTRATION FORM(S) BY **FRIDAY, MARCH 4, 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.)

**EAGLE KICKING CLINIC
 COACH JOHN KIRBY, CLINIC DIRECTOR
 448 FOREST LAKE COURT
 MEBANE, NC 27302**

(Do not send mail to Eastern Alamance!)

MAKE CHECKS FOR \$50 (OR \$40 FOR SNAPPERS) PAYABLE TO: **EASTERN ALAMANCE ATHLETIC FOUNDATION**

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 **SUNDAY, MARCH 13, 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 Eagle Kicking Clinic. I hereby remise, release, and forever discharge the Eagle Kicking Clinic, their agents, sponsors, personnel, and Eastern Alamance High School, the Alamance-Burlington School System, and the Orange 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 _____