

RETURN COMPLETED REGISTRATION FORM(S) BY **FRIDAY, MAY 13, 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.)

**NEIL SETZER, CLINIC DIRECTOR
 SMOKY MOUNTAIN HIGH SCHOOL
 100 SMOKY MOUNTAIN DRIVE
 SYLVA, NC 28779-5600**

MAKE CHECKS FOR \$45 (OR \$40 FOR SNAPPERS) PAYABLE TO: **SMOKY MOUNTAIN TOUCHDOWN CLUB**

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 21, 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 Smoky Mountain Kicking Clinic. I hereby remise, release, and forever discharge the Smoky Mountain Kicking Clinic, their agents, sponsors, personnel, and Smoky Mountain High School and the Jackson 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 _____