

# 2009 WESLEYAN UNIVERSITY FOOTBALL SKILLS CLINIC

To register please complete the form and release below and mail with \$50 payment by July 20 to:

**Wesleyan Football Clinic  
c/o Frank Hauser - Head Football Coach  
Freeman Athletic Center  
161 Cross Street  
Middletown, CT 06459**

**\*Please make all checks payable to Wesleyan University Football\***

- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_
- E-mail: \_\_\_\_\_
- Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
- School Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_
- Height \_\_\_\_\_ Weight \_\_\_\_\_ Position: Offense \_\_\_\_\_ Defense \_\_\_\_\_
- Specialities (circle):    KO Ret    Punt Ret    Punter    Place Kicker    Long Snapper
- Jersey Number \_\_\_\_\_ T-shirt size (circle):    Large    X-Large    XX-Large

## Medical Release

I, the undersigned, individually and as a parent and/or guardian of \_\_\_\_\_, a minor, ask that he be admitted to participate in the 2009 Wesleyan University Football Skills Clinic. In consideration of such admission, I do hereby agree to release, discard, and hold harmless Wesleyan University and its employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the clinic or in the course of competition and/or activities held in connection with the clinic.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_