2026 PHS Coaches' Football Clinic

Player Name: _____

Player DOB: _____ Age:_____ Grade:_____

Emergency Contact #1 Name: _____Number:_____

Emergency Contact #2 Name: _____Number:_____

Shirt Size: (circle one) YS YM YL AS AM AL AXL AXXL AXXXL

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved. IPRD is not responsible for any injuries or accidents sustained and encourages all participants to obtain insurance for player protection. By acceptance of these conditions, I do, on behalf of myself, heirs, and legal representative, hereby release and forever discharge IPRD, and all its representatives from any and all claims and demands of every kind, nature, and character, for any and all damages, losses, or injuries which may be sustained by the registrant in connection with any aspect of participation in this voluntary amateur activity.

Parent/Guardian Printed Name: _____Date:_____

Parent/Guardian Signature: _____Date:_____