

Aaron Jones Foundation Excel Speed Training "Eye socket, hip pocket"

2024 Registration Form

Athlete information

last name	first name		date of birth (m/d/y)	
street address / apt. #		city	state	ZIP
				S M L XL XXI
current school / grade	what sports does ath	lete participate in?		circle uniform size
Parents / Guardians / Emergency	y Contact			
last name	first name	relationship to a	thlete	cell phone
home phone	work phone		e-mail address	
Notify in case of emergency:				
	name / relationsl	nip		phone
Parent / auardian sianature		Date		

Acknowledgment

I hereby authorize the staff of Excel Speed & Fitness Training, LLC to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release Excel Speed & Fitness Training, LLC from any and all liability for any injuries incurred while training. I have no knowledge of any physical impairment that would be affected by the above athlete's participation. I also understand that Excel Speed & Fitness Training, LLC retains the right to use any photographs and images taken of the athletes during training for promotional purposes.