



F.A.S.T. Sports Performance
OFF-SEASON MARCHING BAND CAMP
REGISTRATION FORM

Participant: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Email(s): _____

List all Medical Conditions and/or Injuries that may affect the player's ability to participate in this program: _____

FAST-GJ PARTICIPANT WAIVER

I hereby, for myself, my child (if minor), and my heirs, waive and release any and all rights and claims for damages I may have against FAST-GJ and its employees and representatives, for any and all injuries suffered by myself for my child at any FAST-GJ activity. I understand the risks and state that my health (or child's health) warrant participation. I agree to inform FAST-GJ coaches of any medical concerns. I understand that photos may be taken during this camp and may be used for FAST-GJ promotional materials.

Parent or Guardian name (print): _____

Parent of Guardian Signature: _____

Date: _____

Cost of program is \$60

The camp will be comprised of 12-14 workouts, starting week of April 2nd, 2018. Please have participants bring water- **NO energy drinks should be consumed prior or during camp.**

Please print this registration out and hand to Band Director.