

**7K Unlimited Training Clinic**

*If you have any questions or concerns please contact:*  
[ashleymariekaleta@gmail.com](mailto:ashleymariekaleta@gmail.com) or [cjones@ledgecreek.com](mailto:cjones@ledgecreek.com)  
(Please fill out form completely, including signature at bottom)

PARTICIPANT NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE \_\_\_\_\_ GRADE ENTERING (FALL 2018) \_\_\_\_\_

PLEASE CIRCLE LOCATION:            WEST SENECA            HAMBURG

SPORT & DIVISION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

2<sup>ND</sup> CONTACT NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_

SECONDARY EMAIL \_\_\_\_\_

PLEASE LIST ANY ADDITIONAL INFORMATION (i.e. special needs/medical notes/other):

\* IN CONSIDERATION OF YOUR ACCEPTING MY OR MY CHILD'S ENTRY, AND UNDERSTANDING THAT A CERTAIN AMOUNT OF RISK IS INHERENT TO SOME RECREATIONAL PROGRAM, I HEREBY, FOR MYSELF, MY CHILD, EXECUTORS, AND ADMINISTRATORS, WAIVER AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I OR MY CHILD MAY HAVE AGAINST THE 7K UNLIMITED SUMMER TRAINING CLINIC, ITS COACHES AND REPRESENTATIVES, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY CHILD AT ANY ACTIVITY SPONSORED BY THESE GROUPS.

PARENT SIGNATURE  \_\_\_\_\_

Payment and entry forms can be mailed to:

Pat Kaleta  
4386 McKinley Pkwy  
Hamburg, NY 14075