

Total Team Training

Sport Leadership Academy

Participant's Name: _____ Date of Birth: _____ M/F: _____
Parent/Guardian: _____ Parent/Guardian: _____
Street: _____ Town: _____ State: _____
Zip Code: _____ Phone Number: _____ Email: _____
Allergies/Medical Concerns/Important things for us to know: _____

Hospital Preference: _____
Emergency Contact: _____ Relationship: _____
Phone Number: _____ Favorite Sport(s): _____

T-Shirt Size: (Circle) YS YM YL S M L

Before (8-9) and After Training (3-4) \$5 per hour :

Monday:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Friday:	<input type="checkbox"/> AM	<input type="checkbox"/> PM

- I **DO** authorize Total Team Training LLC to video/photograph my child for use in promotional and marketing materials.
- I **DO NOT** authorize Total Team Training LLC to video/photograph my child for use in promotional and marketing materials

Parent/Guardian Signature: _____ Date: _____

\$200 for the Academy for the week; make checks payable to Total Team Training LLC

Bring in your current grade fourth quarter report card with straight A's and receive a special prize!!