



5112 Prime Parkway, McHenry, IL 60050
 proplayerconsultants.com
 815 385-2255

Registration/ Waiver

Session #:		
Name:		
Address:		
City:	State:	Zip:
Home Phone:		
Cell Phone:		
Date of Birth:		Age:
E-Mail:		
Parent Names:		
Check Number:	Make Checks payable to: Pro Player Consultants	
Visa #	Exp. Date	
MasterCard #	Exp. Date	
Discover #	Exp. Date	
Security Number (last 3 digits on back of Card, on signature line):		

Parent Authorization/ Waiver

Parent Authorization/Waiver: We the parent(s) or guardian(s) of the above named player(s)/student(s) give my/our approval to participate in this program. We give our permission for emergency medical authorization in the event that we cannot be reached. We also do hereby waive, indemnify and agree to hold harmless Pro Player Consultants, Inc. and its staff, sponsors, officers, owners and participants for any claim arising out of an injury to my/our child.

Parent/Guardian Signature

Date