



**REGISTRATION FORM – Jackson, MS
2010 All-American College Football Scouting Combine**



Student-Athlete: Please complete and return this form with your payment, transcript, photo & DVD to SportsWeave

Your Name _____ Today's Date _____

Your School _____ Date of Birth _____

Home Address _____ Cumulative non-weighted GPA _____

City _____ State _____ Zip _____

Home Phone# _____ Your Cell# _____

Your Email _____ Your Graduation Year _____

Your Height _____ Your Weight _____ Your Preferred Position (please list only one) _____

Your Middle/High School Football Coach's Name _____

His Work Phone# _____ His Cell Phone# _____

Schools that have offered an athletic scholarship to you _____

Schools that you have the most interest in attending _____

Release of Statistics, Information, Photographs, Audio and Video

I, the parent/legal guardian of _____, grant permission and authorization for statistics, data, testing results, personal information, photographs, audio and video materials related to this Event to be released (and possibly posted electronically) to coaches, scouting organizations, media outlets, team physicians, athletic trainers, partner entities, administrative personnel and possibly the general public. I also understand that the data, information, photographs, audio and video materials are and will remain property of SportsWeave.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Emergency phone number, if needed _____ Date _____

Registration Receipt Deadline (\$60.00): Friday, February 19, 2010 (Event is Sunday, February 28, 2010)

YOUR REGISTRATION CHECKLIST

- Yes No Are both sides of this REGISTRATION FORM completed and signed (where required) by your parent/guardian?
- Yes No Are both sides of this REGISTRATION FORM completed and signed (where required) by you?
- Yes No Have you included a copy of your current unofficial, non-weighted, cumulative, overall GRADES TRANSCRIPT?
- Yes No Have you included either your individual football or school PHOTO?
- Yes No Have you included a DVD copy of your highlights and/or complete game film? I don't have a DVD of this.
- Yes No For an additional \$25, do you want us to upload your highlight video to the Web?
- Yes No Have you mailed a Check or Money Order (made payable to SportsWeave; credit cards not accepted) with the above items?

**SportsWeave
886 Chestnut Ridge Road, 6th Floor / PO Box 6888
Morgantown, WV 26506**



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Release and Waiver re: Liability, Injury and Property Damage with Authorization for Medical Treatment

I, the undersigned, am fully cognizant that engaging in any sport or physical activity includes the inherent and substantial risk of personal injury. I attest that my student-athlete, _____, is presently in excellent physical condition and may participate in all physical activities associated with this Event and, in return for allowing him/her to participate in this Event, I agree to assume the complete risk of and responsibility for any injury that may result from his/her participation in it.

If the student-athlete registering herein has any pre-existing health-related medical conditions, allergies, diseases, etc. that could potentially prohibit, prevent or limit him/her from participating in events such as this, please advise us of them:

In addition, I hereby release, waive, indemnify, save, forever discharge and agree not to sue any of the other participants or staff at this Event, as well as SportsWeave, Velocity Sports Performance and any or all of their employees, officers, contractors, subcontractors, partners, sponsors, agents, affiliates, volunteers or assigns from all present or future claims that may be made by either the participating student-athlete or me, my family, estate, heirs or assigns for property damage, theft, personal injury, bodily harm, wrongful death or any other potential liability arising as a result of participation in this Event (and possibly caused by the ordinary negligence of the parties listed above, wherever, whenever, or however same may occur).

I grant permission and authorization for my student-athlete to receive first aid or medical treatment as needed and, to the same extent and scope as previously mentioned, I also agree to release (indemnify and hold harmless) said parties from any and all claims whatsoever which may be attributable to the receipt of said treatment rendered in connection with (and/or arising out of participation in) such event.

I affirmatively swear that I am the parent or legal guardian of the previously named participating student-athlete and do hereby execute this liability release and waiver on behalf of that individual. I agree that the terms of this release are binding on my student-athlete and me. I am of legal age and am freely and voluntarily signing this document without inducement from any party.

In addition, I understand that engaging in any sport or physical activity includes the inherent and substantial risk of personal injury or property damage. With respect to same, I voluntarily grant permission and authorization for my student-athlete to participate in this Event and agree to assume the complete risk of and responsibility for any injury or damage that may result from (or be related to) his/her participation.

I also grant permission and authorization to the physicians, athletic trainers and medical consultants of this Event to evaluate and treat any injuries that may occur during my student-athlete's participation in it. In addition, I understand that they have the authority to prohibit or eliminate my student-athlete from participation (because of either an injury or any risk of liability to anyone associated with this Event).

I further represent that I have read and fully understand this document and, by signing it, am giving up legal rights and remedies.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Emergency phone number, if needed _____ Date _____

I concur with the above:

Student-Athlete Signature _____ Date _____

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