

ATHLETIC EVOLUTION
Throwers Long Toss Program
Registration and Consent Form

THROWER'S INFORMATION: (January 4th to March 13th)

Name: _____ School: _____

Address: _____ Year of Graduation: _____

_____ Throws: R L Position(s): _____

E-mail: _____ Cell Phone: _____

M/Th: 6:30pm_6:45pm_7:00pm_7:15pm_7:30pm_7:45pm_8:00pm_8:15pm_8:30pm_8:45pm_

Sat: 11:30_11:45_12:00_12:15_12:30_12:45_1:00_1:15_1:30_1:45_

* There will be a maximum of 8 kids per time slot (1st come 1st serve)

PARENT/GUARDIAN INFORMATION

Name: _____

Address: _____

_____ Home Phone: _____

E-mail: _____ Cell Phone: _____

I, _____, as legal parent/guardian of minor child _____,
do hereby release Athletic Evolution, its staff, and its instructors, and its partners, from all
liability for any and all injuries resulting from participation in the Throwers Long Toss Program,
excluding wanton conduct or gross negligence on the part of the instructor.

Signature of Parent/Guardian

Dated

Please make checks payable for \$349 to: Athletic Evolution

Mail completed form and checks to: Athletic Evolution
78 Olympia Ave.
Woburn, MA 01801