

# DRAYSON QUARTERBACK ACADEMY

SportPerformanceU

Friday, July 15th

Session 1: 9am to 12 pm (quarterbacks only)

Session 2: 1pm to 4 pm (quarterbacks & receivers)

Cost: \$149 (BYF will cover a portion) your cost \$110

Payable to: Town of Southeast.

This camp is designed to develop young QB's fundamental skills. They will work on footwork, throwing mechanics, throwing on the run, drops, and pocket fundamentals.

## ACTIVITIES REGISTRATION FORM

PROGRAM: \_\_\_\_\_

NAME: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

FEE (non-refundable): \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_

Credit Card Type (no AE) \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Mail or drop off at: Town of Southeast Recreation Department  
1 Main Street / Brewster, New York 10509 phone #: (845) 279-3915  
E-mail: recreation@southeast-ny.gov website: www.southeast-ny.gov