

**Alex Molden WR-DB Academy Training
2010 Registration Form**

Participant Name: _____

Name of Parent/Legal Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Date of Birth: _____ Grade: _____ School: _____

Check position(s): _____ Quarterback _____ Cornerback _____ Receiver _____ Safety

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship to Participant: _____

Doctor's Name: _____ Doctor's Phone: _____

What block are you registering for: _____ 1 session = \$50.00

_____ Block I=\$150 _____ Block II=\$120 _____ Block III=\$150 _____ Block IV=\$30

*Please note that sessions do not role over into the next training block

This completed 2010 registration form and a signed 2010 Parent-Athlete Football Training Participation Release and Waiver form must be received with your payment prior to participating in a training session. Please bring this required information to your first training session or mail it in advance to:

**Alex Molden Training
1980 Willamette Falls Dr.
Ste. 120 (pmb 298)
West Linn, OR 97068**

****Checks should be made payable to Nike (in the memo field: Alex Molden WR-DB Academy**