



Church St. Station
P.O. Box 3445
New York, NY 10008-3445
877-231-1435
www.completewideout.com

COMPLETE QB 2017 WIDE RECEIVER DEVELOPMENT CAMP REGISTRATION FORM

Place an 'X' mark in the box next to the Camp(s) you wish to attend:

- | | | |
|--|---|---|
| <input type="checkbox"/> June 10 - Peabody, MA - ONE DAY | <input type="checkbox"/> July 12 & 13 - Greater Cincinnati, OH Area | <input type="checkbox"/> July 22 & 23 - Mansfield, MA |
| <input type="checkbox"/> June 29 & 30 - Atlanta, GA | <input type="checkbox"/> July 15 & 16 - Montvale, NJ | <input type="checkbox"/> July 25 & 26 - Long Island, NY |
| <input type="checkbox"/> July 7 - S. NJ/Philadelphia - ONE DAY | <input type="checkbox"/> July 18 & 19 - Brookfield, CT | <input type="checkbox"/> July 29 & 30 - Windham, NH |

CAMP PARTICIPANT INFORMATION

Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
Phone _____ Adult T-Shirt Size _____
Email _____
School _____
Grade (Fall 2017) _____ Coach's Name _____

PARENT/GUARDIAN INFORMATION

Cell Phone _____
Email _____

WAIVER

My child has my permission to attend a Complete Wideout Camp - a subsidiary of Complete QB - during 2017. My acceptance of this electronic waiver certifies my child has been examined by a licensed physician within 12 months of their scheduled Camp dates and is able to participate in all football camp-related physical activities. I understand my child may come in contact with other people and objects, and I hereby waive all rights to future claims related to such contact or injuries sustained as a result of such contact. I agree to assume any and all risks associated with my son's participation in a Complete Wideout/Complete QB Camp and release Complete Wideout's/Complete QB's host site, Complete Wideout/Complete QB, its Director, and staff from any and all liability related to injury or illness my son may sustain at a Complete Wideout/Complete QB Camp. I further acknowledge my child's photo or likeness may be used for the sole purpose of marketing or advertisement of Complete Wideout/Complete QB.

Signature: _____
Print Name: _____
Date: _____

**All Campers receive a Complete Wideout T-shirt, Receiver Manual, Hudl Account
all of which is included in the registration cost!**
Walk-in registrations are accepted on the first day of Camp, with an added administrative fee of \$50.

REGISTRATION PAYMENT INFORMATION

ONE DAY CAMPS: \$150.00 - NO EARLY BIRD PRICING
TWO DAY CAMPS: Early Bird Pricing - All Campers (Grades 4-12) - \$250.00
Early Bird Pricing Ends on June 1 - Regular Fee: \$300

If paying by Credit Card: Please read the following and provide requested information:

By providing my initials below, I am acknowledging and in agreement with the following: My credit card will be charged registration plus online registration fees within 24 hours of receipt of this form by Complete QB and will be used solely for the purpose of registering my child for a Complete QB Camp. I understand I will receive confirmation via email upon completion of registration.

I agree to pay and comply with my cardholder agreement with the card issuer. Please initial: _____
Credit Card Type _____ Credit Card Number _____ Exp. Date (mm/yyyy) _____
Cardholder Name (as it appears on card) _____ Security Code _____

Check or Money Order enclosed for the total amount of: _____ Promo Code (if applicable): _____

Mail completed form with check or money order (if applicable) made payable to Complete QB
to: **Complete QB**
Church St. Station
P.O. Box 3445
New York, NY 10008-3445

OR

Fax completed form to 877-258-1975
NO REFUNDS AFTER MAY 15, 2017
Register Online at www.completewideout.com

For Internal Use Only:
Received: _____
CC or Check #: _____
Entered: _____
Confirmation #: _____