

[www.bubbybrister.com](http://www.bubbybrister.com)  
[sixshooter@bubbybrister.com](mailto:sixshooter@bubbybrister.com)

## Quarterback Private Training Registration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Entering Grade (as of month/year): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

High School Coach: \_\_\_\_\_

### Payment

### # of Hours

- |  |       |
|--|-------|
| <input type="checkbox"/> \$125 per hour (inside 50 miles)              | _____ |
| <input type="checkbox"/> \$200 per hour (outside 50 miles)**           | _____ |
| <input type="checkbox"/> Other (email for special package group rates) |       |

*\*\*Please note that travel expenses will be added to cost for private training outside of 50 miles.*

### Payment Method (check one)

- Check  Money Order  PayPal – go to [www.bubbybrister.com](http://www.bubbybrister.com) - VISA & Mastercard

**Make check or money order payable to:**

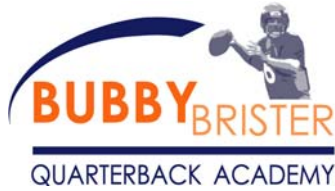
**Brister Sports Ventures, LLC** (all checks or charges returned NSF will be assessed a \$30 fee).

### MAIL TO:

### (OR) FAX TO:

Brister Sports Ventures, LLC  
139 Fontainebleau Drive  
Mandeville, LA 70471

1-866-595-5157



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## Liability Release Form

**PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE BUBBY BRISTER QUARTERBACK ACADEMY OR THE BUBBY BRISTER QUARTERBACK CAMP**

**Liability Release and Assumption of Risk Disclaimer**  
*(Please read thoroughly and sign)*

In consideration of Brister Sports Ventures, LLC, allowing my child or ward to participate in its football camp or private training sessions, I understand that my son must have current and active medical insurance before he can attend camps or participate in private training sessions. I hereby register my son for the Bubby Brister Quarterback Academy or the Bubby Brister Quarterback Camp, and authorize the staff to direct him in participation in camp activities or individual lessons. My son has no medical or emotional problems which may affect his ability to safely participate in these programs. In the event of injury, I authorize the Bubby Brister Quarterback Academy or the Bubby Brister Quarterback Camp, and its athletic training staff to obtain and/or administer any medical care or treatment deemed necessary. Neither I nor my son will hold Brister Sports Ventures, LLC, the Bubby Brister Quarterback Academy or the Bubby Brister Quarterback Camp liable for any injuries or illness sustained at the camp. Additionally, I give my permission to utilize any video or photos that may include my child or me for any commercial use that Brister Sports Ventures, LLC chooses to utilize to promote the football camp. By signing this, I verify that I have read and accepted all administrative, registration and refund policies and/or conditions as set forth by Brister Sports Ventures, LLC that are stipulated on the website and/or in the registration materials.

Signature of Participant’s Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant’s Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant’s Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if different from above)*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN RELEASE FORM ALONG WITH REGISTRATION FORM TO:**

**MAIL TO:**

Brister Sports Ventures, LLC  
139 Fontainbleau Drive  
Mandeville, LA 70471

**(OR) FAX TO:**

1-866-595-5157