

# DREXEL UNIVERSITY 7v7 SPRING TUNE UP

PLAYER PROFILE & WAIVER FORM (PLEASE PRINT CLEARLY IN BLUE OR BLACK INK)

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Jersey Color/Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Cell: \_\_\_\_\_

High School, GPA, and  
Graduation Year \_\_\_\_\_

Age/DOB \_\_\_\_\_

SAT/PSAT/ACT score  
(Please Circle) \_\_\_\_\_

## Waiver of Liability

I hereby authorize the staff of the Drexel University 7v7 Spring Tune Up to act for my child in accordance with their best judgment in any emergency requiring medical attention, and I hereby waive and release Drexel University and the Spring Tune Up staff from any and all liability for any injuries incurred while at Drexel University. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the Spring Tune Up, as outlined in this brochure.

Athlete \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Insurance Info/Policy # \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_