

HUSKY FOOTBALL EXPERIENCE

FREE FOR KIDS (12 and under)!

Presented by the Husky Football Team and Tyee Sports Council
For boys and girls 12 and under -- Free T-shirt and lunch provided (limited to first 500 applicants)
To reserve a spot, complete the application below and mail or fax it in by April 18!



Saturday, April 22, 2006

Husky Stadium ♦ University of Washington

(ENTER THROUGH THE WEST END OF HUSKY STADIUM)

Registration begins at 9:30am ♦ Clinic runs from 10:30 to 11:45am

Call 206/543-2210 for more information



HUSKY SPRING FLING

- *Women's Soccer* - 10am – Husky Soccer Field
- *Volleyball Scrimmage* - 10am-12pm – Bank of America Arena
- *Football Scrimmage* - 12:45 pm – Husky Stadium
- *Softball vs. OSU* - 2pm – Husky Softball Stadium
- *Men's Tennis vs. Oregon* - 2pm – Bill Quillian Stadium

The UWAA/Big "W" Club will also host a **Celebrity Pancake Breakfast** from 10:00am-12:45pm in the East end of Husky Stadium. \$8 for UWAA/Big "W" Club members and students, \$10 for non-members/general public. (No pre-registration needed.)

For more information visit www.uwalum.com or call 1.800.AUW.ALUM

2006 Husky Football Experience Registration
Please PRINT legibly and fill in ALL information

PARTICIPANT'S NAME (Please Print)

PARTICIPANT'S AGE

PHONE (include area code)

ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

I am the parent/legal guardian of _____ ("participant's name"). On behalf of the participant's parents or guardian, heirs, estate insurers, assigns and anyone else who may make any claim for or on behalf of participant, I hereby give permission for the participant to take part in the UW Athletic Department Husky Football Clinic ("event"). In exchange for participating in the event, the participant agrees for himself/herself and his/her heirs, estate, insurers and assigns to fully release the University of Washington and the UW Athletic Department from any damages, injuries (including death) lawsuits, expenses (including attorney fees) and any other liability. I agree to hold harmless, indemnify the University of Washington and the UW Athletic Department. In the event of any injury at the event, the UW Athletic Department is authorized to obtain any medical care or treatment deemed necessary.
I HAVE READ THE RELEASE AND THIS AGREEMENT CAREFULLY, FULLY UNDERSTAND THEIR CONTENT AND VOLUNTARILY AGREE TO THEIR TERMS.

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

Emergency phone number on April 22, 2006

PHONE (INCLUDE AREA CODE)

Registration form **must be received by April 18, 2006**. Please mail to **Janet Sukraw, UW Athletics, Graves Bldg. Box 354070, Seattle, WA 98195-4070**, or Fax to 206/685-4668. **ABSOLUTELY, NO PHONE RESERVATIONS WILL BE ACCEPTED.**
THIS WAIVER FORM MUST BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN TO PARTICIPATE.