

COLUMBIA ACADEMY ELEMENTARY FOOTBALL

NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

DATE of BIRTH _____ GRADE 2009-2010 _____

INSURANCE CARRIER _____ GROUP NUMBER _____

List any information regarding child's health condition that will be of importance to coaches and instructors. _____

As a participant in CA Elementary Football, I will always play with good sportsmanship. I will play to the best of my ability. I will make every effort to attend all games and practices. I will maintain passing grades in school work, and obey my parents, teachers, and my coaches.

Player's Signature _____ Date _____

PARENT AUTHORIZATION

Full and Complete Release of All Liability – Covenant not to Sue and Indemnification

I/we, the below parents of the child whose name appears on the top of this page, do hereby give our authorization and approval to said child to participate in any and all league activities during the current and all following seasons. We acknowledge that the activities that our child will be involved in are dangerous in nature and we full well know and understand those dangers that our child will be exposed to and that he/she may receive severe and serious injuries as a result of his/her participating in said activities. We do hereby voluntarily assume each, every and all risks and hazards for our child and ourselves and for all others on his/her and/or on our behalf for all of our child's and/or our activities and participation in each and every activity associated therewith, including but not limited to playing said sport, cheerleading and transportation to and from all activities, including furnishing said child or us medical attention of any nature, and covenant that we will not bring any actions at law, equity or otherwise in this regard. We do hereby waive, release, absolve and agree to indemnify, pay, and hold safe and harmless, said League, Columbia Academy, its entire organization, their coaches, participants, Board of Directors, all officers, all assistants, persons and/or organizations that transport the participants for any purpose, for and from all claims, injuries, damages of both a compensatory and punitive nature and for any and all other claims and/or damages which might arise out of and/or due to our child's participation in said activities, of any nature whatsoever.

I also grant permission to managing personnel, coaches, assistants and/or other league representatives to authorize and obtain medical care from any licensed physician, hospital and/or other medical clinic should our child become ill or injured and do hereby grant authorization for emergency treatment. We further assume any and all liability for said treatment and any damages which come there from, and agree to immediately pay for all medical treatment for our child.

We acknowledge that we have fully read the above and completely understand the contents of same.

Done this the _____ day of _____, 2009

Signature of Father _____ Cell # _____

Email _____ Home # _____

Place of Employment _____ Work # _____

Signature of Mother _____ Cell # _____

Email _____ Home # _____

Place of Employment _____ Work # _____

For Team Use Only: _____ Jersey #: _____

SIZES: Helmet _____ Jersey _____ Shoulder Pads _____ Pants _____

DIVISION: Flag (Pre K & Kindergarten) Division I (1st & 2nd Grade) Division II (3rd & 4th Grade) Division III (5th & 6th Grade)

REGISTRATION PAYMENT: Amount _____ Check # _____ Cash _____ Date _____