

2016 Disciples Football Registration

Player's Name _____ T-shirt size S / M / L / XL / 2X / _____

Date of Birth _____ (must supply copy of birth certificate) Age _____ Grade _____

Circle one: Homeschool / Private School / Public-No Football / Public

Street Address _____

City, State, Zip _____

Home Phone: _____ Player's Cell _____

Parent(s) Names: _____

Parent's Cell (mom) _____ and (Dad's Cell _____

Player's Email _____ Parent's Email _____

Release from Liability

I give my son _____ (print name) permission to participate in CVHAA Football activities for the **2016** season. I understand that participation in any athletic activity may result in injury. I agree to release and hold harmless the above named organization and its individual leaders from all liability for mishap or injury of any kind to my/our child while under their care or leadership.

Parent/Guardian Signature _____ Date _____

Medical permission

In the event of any injury or emergency, if I or my emergency contact cannot be notified, I authorize the individual(s) in charge to obtain medical treatment for my child as deemed necessary by competent medical personnel. Additionally, I understand that I am fully responsible for any and all charges incurred due to such treatment. Please check one of the following:

___ I give permission for the coaches and/or trainer(s) to give my child over the counter medication (Advil, Tylenol, Benadryl etc.) if needed, following manufacturer directions, that I will supply to the team.

___ I give permission for the coaches and/or trainer(s) to give my child the following over the counter medications if needed, following the manufacturer directions, from the team's supply. (Advil, Tylenol, Aspirin, Aleve, Benadryl and Tums)

___ I do not give permission for the coaches and/or trainer(s) to give my child over the counter medication."

Parent Signature _____ Date _____

Medications taken: _____

Known allergies: _____

Any pertinent medication information: _____

Primary Physician's Name: _____ Phone No. _____

Insurance Information (please list insurance 800 contact number or provide copy of insurance card):

Emergency Contact Information (if parents cannot be notified):

Name: _____ Phone _____

Name: _____ Phone _____