

FOOTBALL REGISTRATION FORM

CHILD'S NAME AS APPEARS ON BIRTH CERTIFICATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE NUMBER (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_

PARENT/GUARDIANS NAME:

\_\_\_\_\_

I, THE PARENT OR GUARDIAN OF \_\_\_\_\_, GIVE MY APPROVAL TO  
PARTICIPATE IN \_\_\_\_\_ CHILD'S NAME FOOTBALL.  
LEAGUE

WHO IS YOUR CHILD'S PHYSICIAN? \_\_\_\_\_

LIST ANY MEDICATIONS THAT YOUR CHILD IS ALLERGIC TO: \_\_\_\_\_

\_\_\_\_\_

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE WASHINGTON COUNTY RECREATION DEPARTMENT, ITS EMPLOYEES, AGENTS, HEIRS, AND ASSIGNS, OF ANY AND ALL CLAIMS, DEMANDS, RIGHTS, AND ANY AND ALL CAUSES OF ACTIONS OF WHATSOEVER KIND AND NATURE ARISING FROM AND BY REASON OF ANY AND ALL KNOWN AND UNFORESEEN, BODILY AND PERSONAL INJURIES, DAMAGE TO PROPERTY AND THE CONSEQUENCES THEREOF RESULTING FROM PARTICIPATING IN THIS OR ANY OTHER DEPARTMENT ACTIVITY CONDUCTED BY THE WASHINGTON COUNTY RECREATION DEPARTMENT. IN MY ABSENCE, I AUTHORIZE THE WASHINGTON COUNTY RECREATION DEPARTMENT THE RIGHT TO ADMINISTER TO OR PROCURE MEDICAL TREATMENT FOR MY CHILD AS DEEMED NECESSARY IN THE EVENT OF AN ACCIDENT AND/OR ILLNESS.

X \_\_\_\_\_

SIGNATURE

PLEASE CIRCLE THE SHIRT SIZE THAT YOUR CHILD WILL NEED FOR HIS/HER TEAM SHIRT.

YOUTH SMALL	6-8	ADULT SMALL	34-36
YOUTH MEDIUM	10-12	ADULT MEDIUM	38-40
YOUTH LARGE	14-16	ADULT LARGE	42-44
		ADULT X-LARGE	46-48
		ADULT XX-LARGE	50-52